Fill in this information to identify your case:	
United States Bankruptcy Court for the: Central District of California	
Case number (# known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	Identify Yourself		
	tata Harria	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
١.	Your full name		
	Write the name that is on your	Doris	None
	government-issued picture identification (for example,	First name	First name
	your driver's license or	Liliana	
	passport).	Middle name	Middle name
	Bring your picture	Aguilar Solis	
	identification to your meeting with the trustee.	Last name	Last name
	ant ranking years area.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
	All other names you	None	
	have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name	Last name -
		First name	First name
		Middle name	Middle name
*		Last name	Last name
_			
	Only the last 4 digits of your Social Security	xxx - xx - <u>1</u> <u>1</u> <u>3</u> <u>7</u>	xxx - xx
	number or federal	OR .	OR
	Individual Taxpayer	AVCC 4.	
	Identification number (ITIN)	9 xx - xx	9 xx - xx

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Debtor 1

Doris First Name Liliana

Aguilar Solis

Case number (# known)_

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
s. Any business names and Employer Identification Numbers (EIN) you have used in	I have not used any business names or EINs.	☐ I have not used any business names or EINs.			
the last 8 years	Business name	Business name			
Include trade names and doing business as names	8				
doing sauntee de linning	Business name	Business name			
	EIN — - — — — — —	EIN — -— — — — —			
	EIN — - — — — — —	EIN			
s. Where you live		If Debtor 2 lives at a different address:			
	11901 Valerio Street Apt 1				
	Number Street	Number Street			
8	North Hollywood CA 91605				
	City State ZIP Code	City State ZIP Code			
	Los Angeles	County			
	County				
12	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
50	Same	Same			
	Number Street	Number Street			
	P.O. Box	P.O. Box			
	City State ZIP Code	City State ZIP Code			
s. Why you are choosing	Check one:	Check one:			
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	I have another reason. Explain. (See 28 U.S.C. § 1408.)			
		2 4 .			
-					

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D	А	h	m	n	r	1	

Doris First Name Liliana

Aquilar Solis

Case number (#known)

 The chapter of the Bankruptcy Code you 			a brief description of orm 2010)). Also, go			U.S.C. § 342(b) for Individuals Filing e appropriate box.		
are choosing to file under	☑ Cha	☑ Chapter 7						
under	☐ Cha	☐ Chapter 11 ☐ Chapter 12						
	☐ Cha							
	☐ Cha	pter 13						
. How you will pay the	loca your subr	court for self, you nitting you	or more details about may pay with car	out how you m sh, cashier's c	nay pay. Typicall heck, or money	eck with the clerk's office in your y, if you are paying the fee order. If your attorney is pay with a credit card or check		
ejik Si a						tion, sign and attach the nts (Official Form 103A).		
16	By la less pay	aw, a jud than 15 the fee i	lge may, but is no 0% of the official p n installments). If	t required to, vooverty line the you choose the	waive your fee, a at applies to you iis option, you m	ion only if you are filing for Chapter 7. and may do so only if your income is r family size and you are unable to ust fill out the Application to Have the with your petition.		
. Have you filed for bankruptcy within th	e Mo							
last 8 years?	☐ Yes.	District		When	MM / DD / YYYY	Case number		
		District		When		Case number		
10			V		MM / DD / YYYY			
15		District District	6	When		Case number		
	■No		6					
o. Are any bankruptcy cases pending or be filed by a spouse wh	ing 🗔	District						
cases pending or be	ing ois ⊡ _{Yes.} ith	District				Case number		
cases pending or be filed by a spouse wh not filing this case w you, or by a business partner, or by an	ing ois ⊡ _{Yes.} ith	District Debtor		When	MM / DD / YYYY	Case number		
filed by a spouse wh not filing this case w you, or by a business partner, or by an	ing ois ⊡ _{Yes.} ith	District Debtor District		When	MM / DD / YYYY	Case number		

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Debtor 1 Doris Liliana Aguilar Solis Case number (d'Anown)

Are you a sole proprietor of any full- or part-time business?		Go to Part 4 Name and location of bu	siness				
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.	8	Name of business, if any					
		Number Street					
		City		S	tate	ZIP Code	
		Check the appropriate b		중에 되게 되었습니다.		•	
N.		Health Care Busines	s (as define	d in 11 U.S.C. § 101	(27A))		
Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? For a definition of small business debtor, see 11 U.S.C. § 101(51D).		☐ Single Asset Real Es	state (as def	ined in 11 U.S.C. §	101(51B))	
		☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))					
	☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))						
		☐ None of the above					
	□ No.	the Bankruptcy Code.	r 11, but I an			or according to the definition in cording to the definition in the	
Report if You Own	or Have	Any Hazardous Prop	erty or An	y Property That	Needs I	Immediate Attention	
Do you own or have any property that poses or is							
alleged to pose a threat of imminent and identifiable hazard to public health or safety?	☐ Yes.	What is the hazard?					
Or do you own any property that needs immediate attention?		If immediate attention is	s needed, w	ny is it needed?			
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?							
		Where is the property?	N	-			
	P.C.		Number	Street			
	. V						
					-		

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Debtor 1

Doris L

Liliana

Aguilar Solis

Case number	(if known)		

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

_	I am not	required	to	receive	a	briefing	about
	credit co	unseling	b	ecause o	of:	9 89	

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

reasonably tried to do so.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

ш	I am not required to receive a briefing a	bout
	credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (# known)_

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Aguilar Solis

Liliana

Debtor 1

6. What kind of debts do		arily consumer debts? Consumer debt ual primarily for a personal, family, or hous				
you have?	□ No. Go to line 16b. ☑ Yes. Go to line 17.					
	 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 					
	16c. State the type of debts yo	ou owe that are not consumer debts or bus	iness debts.			
7. Are you filing under	□ No. I am not filing under 0	Phanter 7 Go to line 18	•			
Chapter 7?	are the control of th		on the contract of the contrac			
Do you estimate that after any exempt property is	✓ Yes. I am filing under Chap administrative expense	oter 7. Do you estimate that after any exen ses are paid that funds will be available to	npt property is excluded and distribute to unsecured creditors?			
excluded and	☑ No	58				
administrative expenses are paid that funds will be available for distribution	☐ Yes					
to unsecured creditors?						
a.' How many creditors do	☐ 1-49	1,000-5,000	25,001-50,000			
you estimate that you	50-99	5,001-10,000	50,001-100,000			
owe?	100-199 200-999	10,001-25,000	☐ More than 100,000			
9. How much do you	\$0-\$50,000	☐ \$1,000,001-\$10 million	\$500,000,001-\$1 billion			
estimate your assets to	\$50,001-\$100,000	□ \$10,000,001-\$50 million	\$1,000,000,001-\$10 billion			
be worth?	\$100,001-\$500,000	□ \$50,000,001-\$100 million	□ \$10,000,000,001-\$50 billion			
3	□ \$500,001-\$1 million	□ \$100,000,001-\$500 million	☐ More than \$50 billion			
. How much do you	\$0-\$50,000	\$1,000,001-\$10 million	\$500,000,001-\$1 billion			
estimate your liabilities	\$50,001-\$100,000	\$10,000,001-\$50 million	\$1,000,000,001-\$10 billion			
to be?	\$100,001-\$500,000	\$50,000,001-\$100 million	\$10,000,000,001-\$50 billion			
Part 7: Sign Below	□ \$500,001-\$1 million	☐ \$100,000,001-\$500 million	☐ More than \$50 billion			
For you	I have examined this petition, correct.	and I declare under penalty of perjury that	the information provided is true and			
		Chapter 7, I am aware that I may proceed, I understand the relief available under ea				
•		nd I did not pay or agree to pay someone of and read the notice required by 11 U.S.C				
	I request relief in accordance	with the chapter of title 11, United States C	code, specified in this petition.			
		atement, concealing property, or obtaining sult in fines up to \$250,000, or imprisonme , and 3571.				
	X MANA	×				

Date:

March 29, 2019

Certificate Number: 12459-CAC-CC-032524364



CERTIFICATE OF COUNSELING

I CERTIFY that on March 29, 2019, at 4:42 o'clock PM PDT, Doris Liliana Aguilar Solis received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Central District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Name: Shannon Knapp

By:

Title: Credit Counselor

/s/Shannon Knapp

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

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Debtor 1 Doris Liliana Aguilar Solis Case number (# Annown)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Benard C. Udeozor	Date	03/28/2019
Signature of Attorney for Debtor	7) Po En Sintent	MM / DD /YYYY
Benard C. Udeozor (SBN: 218845)		
Law of Benard C. Udeozor		<u>) </u>
1930 Wilshire Blvd Suite 1216		
Number Street		
Los Angeles	CA	90057
City	State	ZIP Code
Contact phone (213) 353-9800	Email address	udeozorbenard@gmail.com =
218845	CA	19
Bar number	State	

STATEMENT OF RELATED CASES INFORMATION REQUIRED BY LBR 1015-2 UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, his or her current or former domestic partner, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, or person in control, as follows: (Set forth the complete number and title of each such of prior proceeding, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).) Chapter 7 bankruptcy case number 1:00-bk-11879-GM, filed 02/19/2010, discharged 06/08/2010, closed 06/22/201 (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform. Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).) None (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).) None 4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act of 1978, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of each such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).) None I declare, under penalty of perjury, that the foregoing is true and correct. Executed at Los Angeles Signature of Debtor

This form is mandatory. It has been approved for use in the United States Bankruptcy Court for the Central District of California.

Signature of Joint Debtor

Date: 03/28/2019

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Debtor 1	Doris	Liliana	Aguilar Solis	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States 8	Sankruptcy Court fo	the: Central Distric	ct of California	

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your ass Value of	sets what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	s	0.00
- 프로젝트 시간 등을 보고하는 것으로 프로젝트를 하는 프로젝트를 하고 있는 것으로 있는 것으로 하는 것으로 되었다. 그런		
1b. Copy line 62, Total personal property, from Schedule A/B	\$	32,903.00
1c. Copy line 63, Total of all property on Schedule A/B	s	32,903.00
art 2: Summarize Your Liabilities		
		abilities you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	s	0.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	s_	0.00
3ь. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ s_	133,668.00
Your total liability	ities S_	133,668.00
Summarize Your Income and Expenses		
Schedule I: Your Income (Official Form 106I)		3.851.00
Copy your combined monthly income from line 12 of Schedule I	\$	3,031.00

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Debtor 1

Doris

Liliana

Aguilar Solis

Case number (Finnin)

Part 4: **Answer These Questions for Administrative and Statistical Records** 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 5,595.00 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 0.00 9a. Domestic support obligations (Copy line 6a.) 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 0.00 0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 0.00 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as 0.00 priority claims. (Copy line 6g.) 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) 0.00 9g. Total. Add lines 9a through 9f. 0.00

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Debtor 1	Doris	Liliana	Aguilar Solis
***************************************	First Name	Middle Name	Last Name
Debtor 2			
Spouse, if fling)	First Name	Middle Nama	Last Name
United States I	Bankruptcy Court for th	ne: Central Distri	ct of California
Case number			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In Part 1: 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. Yes. Where is the property? What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the entire property? portion you own? Manufactured or mobile home ☐ Land Investment property Describe the nature of your ownership ☐ Timeshare ZIP Code interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only County ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: If you own or have more than one, list here: What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Condominium or cooperative Current value of the Current value of the Manufactured or mobile home entire property? portion you own? ☐ Land Investment property Describe the nature of your ownership Timeshare City ZIP Code State interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only Debtor 2 only County Debtor 1 and Debtor 2 only ☐ Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number:

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Debtor 1 Doris Liliana Aguilar Main Document Page 13:0f 66 per (Filed Name Leet N

Manufactured or mobile home Land					
Condominium or cooperative Current value of the entire property? Describe the nature of your owners interest (such as fee simple, tenant the entire still the entire property?		:	Single-family home	the amount of any secure	ed claims on Schedule D:
Manufactured or mobile home Land Investment property Describe the nature of your owner interest (such as fee simple, tenant the entireties, or a life estate), if kn Who has an interest in the property? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Check if this is community property identification number: Other information you wish to add about this item, such as local property identification number:	Street address, if available, or other descr	100 000 000		Current value of the	Current value of th
Land S S		200	HOURS HOURS IN THE CONTROL OF THE PROPERTY OF		portion you own?
Investment property Investment property	4.			\$	\$
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Debtor 1 and Debtor 2 only	County		F. S.		
Other information you wish to add about this item, such as local property identification number: dd the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages ou have attached for Part 1. Write that number here. Describe Your Vehicles Summary that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Do not deduct secured daims or exemption the amount of any secured daims or exemption the amount of any secured daims or schedule G: Executory Contracts and Unexpired Leases. Do not deduct secured daims or exemption the amount of any secured daims or exemption the amount of any secured daims or schedule G: Executory Contracts and Unexpired Leases. Do not deduct secured daims or exemption the amount of any secured daims or exemption the amount of any secured daims or Schedule G: Executory Contracts and Unexpired Leases. Do not deduct secured daims or exemption the amount of any secured daims or exemption the amount of any secured daims or Schedule G: Executory Contracts and Unexpired Leases. Approximate mileage: Debtor 1 only Current value of the current value of the entire property? Debtor 1 and Debtor 2 only Approximate mileage: Check if this is community property (see instructions) Paletter 1 only Who has an interest in the property? Check one. Do not deduct secured daims or exemption the amount of any secured daims or exemption		1000	700 PM 1780 11 11 15 15 15 15 15 15 15 15 15 15 15	Check if this is co	mmunity property
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	14.000	Who has an interest in the property? Check one.	Do not do	alone or account of a
3.	Make:		Do not deduct secured cla the amount of any secure	
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	Approximate mileage:	At least one of the debtors and another	entire property?	portion you own?
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	Year:	Debtor 2 only	C	C
		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of th portion you own?
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	Other information:	☐ Check if this is community property (see	s	\$
		instructions)		
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	G.			
		and other recreational vehicles, other vehicles, and acces		
cam		al watercraft, fishing vessels, snowmobiles, motorcycle accesso	ries	
N	0			-
N				P#
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N Y		Who has an interest in the property? Check one.	Do not deduct secured cla	
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Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware	
☐ No ☐ Yes. Describe	ns §950.00
Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games	
□ No □ Yes. Describerefrigerator, television, microwave, stove, 1 cell phone, 2 tablets	s700.00
8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles	•
Yes. Describe	\$
 Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ✓ No ✓ Yes, Describe	
163.0636106	s
10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ✓ No Yes, Describe	s
11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No	
☑ Yes. Describe Everyday clothes and shoes	s500.00
12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ✓ No ☐ Yes. Describe	s
13. Non-farm animals Examples: Dogs, cats, birds, horses	
☑ No ☐ Yes, Describe	\$
14. Any other personal and household items you did not already list, including any health aids you did not list	
☑ No	
☐ Yes. Give specific	S
information	

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Debtor 1

you own or have any	legal or equitable interest in	any of the following?		Current va portion yo Do not dedu or exemption	u own? ct secured claim
Cash Examples: Money you	have in your wallet, in your hon	ne, in a safe deposit box, and on hand when yo	ou file your petition		
752		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,		
□ No ☑ Yes					40.00
Tes			Cash:	\$	19.00
		ints; certificates of deposit; shares in credit unio ultiple accounts with the same institution, list e		s,	
☑ No				•	
Yes		Institution name:			
ejki sel u	17.1. Checking account:	Logix Federal Credit Union		_ \$	817.00
	17.2. Checking account:	Schools First Federal Credit Union		_ \$	901.00
	17.3. Savings account:			s	
	17.4. Savings account:	<u> </u>		- \$ <u> </u>	
*	17.5. Certificates of deposit:	7650-11		- \$	
	17.6. Other financial account:	California Credit Union checking acc	count	\$	766.00
	17.7. Other financial account:	-		s	
	17.8. Other financial account:			- \$	
	17.9. Other financial account:			s	
55					
Examples: Bond funds, 10 No	or publicly traded stocks investment accounts with broken	erage firms, money market accounts			
☐ Yes	Institution or issuer name:				
	¥			_ \$	
				_ \$	
				- ა	
Non-publicly traded s an LLC, partnership, a		rated and unincorporated businesses, inclu	ding an interest in		
	Name of entity:		% of ownership:		
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			04		
☐ Yes. Give specific	V/A		70	Ψ	
No Yes. Give specific information about them		Tak V		\$	
Yes. Give specific information about	7			\$ \$	

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Debtor 1

Negotiable instruments		nnot transfer to someone by signing or delivering them.		
Non-negotiable instrume	ents are those you car			
☑ No		64		
Yes. Give specific information about	Issuer name:			
them	-		3	
	-			
			>	
21. Retirement or pension Examples: Interests in If		01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans		
☑ No				
Yes. List each account separately.	Type of account:	Institution name:		
20	401(k) or similar plan:		\$	
5 N		CALPERS	•	22,100.00
3	Pension plan:			
	IRA:		\$	
	Retirement account:		\$	
	Keogh:		\$	
la.	Additional account:		s	5-
		nade so that you may continue service or use from a company	S	
Your share of all unused	prepayments I deposits you have m	75 Alberta 22 94 15au	S	
Your share of all unused Examples: Agreements	prepayments I deposits you have m	nade so that you may continue service or use from a company	\$	
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have m with landlords, prepaid	nade so that you may continue service or use from a company	S	
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have m with landlords, prepaid	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	S	
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have m with landlords, prepaid	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	\$ \$	
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have m with landlords, prepaid	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	\$ \$ \$	
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	77-2	
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	s	
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications etitution name or individual:	\$ \$	
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$ \$ \$	
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$ \$ \$	
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$ \$ \$ \$	
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$ \$ \$ \$	
Your share of all unused Examples: Agreements companies, or others 1 No 1 Yes	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications estitution name or individual:	\$ \$ \$ \$	
Your share of all unused Examples: Agreements companies, or others No Yes 23. Annuities (A contract fo	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	adde so that you may continue service or use from a company of rent, public utilities (electric, gas, water), telecommunications stitution name or individual: Intal unit:	\$ \$ \$ \$	
Your share of all unused Examples: Agreements companies, or others 1 No 1 Yes 23. Annuities (A contract fo	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$ \$ \$ \$	
Your share of all unused Examples: Agreements companies, or others In No In Yes 23. Annuities (A contract for	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$ \$ \$ \$	
Examples: Agreements companies, or others In No In Yes 23. Annuities (A contract for No	prepayments d deposits you have m with landlords, prepaid Ins Electric: Gas: Heating oil: Security deposit on ren Prepaid rent: Telephone: Water: Rented furniture: Other:	ade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$\$\$\$	

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	and 529(b)(1).				
☑ No					
☐ YesIn	stitution name and de	escription. Separately file the records of any	interests.11 U.S.C. § 521(c):	
				31	
RE			=======================================	\$	
v 				S	
5. Trusts, equitable or future inter exercisable for your benefit	ests in property (oth	her than anything listed in line 1), and rig	hts or powers		
☑ No					
☐ Yes. Give specific			1977		
information about them				\$	
			: 6		
6. Patents, copyrights, trademark	그래 일 이 나는 사람이 살아지 않아 보다 되었다. 이 것이다.	d other intellectual property s from royalties and licensing agreements			
[기가 기계 전시 전 기계 전 기계	s, websites, proceeds	s from royalities and ficensing agreements			
☑ No				7	
Yes. Give specific information about them				s	
information about them					
7. Licenses, franchises, and other	anneral internibles				
	네즘 얼마나 아니는 아니라 아니라 아니는 아니다.	rative association holdings, liquor licenses, p	rnfessional licenses		
☑ No	orre mornaes, ocoper	oute account formings, inquir incurses, p	norosalorial liceriaca		F4
Yes. Give specific information about them				s	
loney or property owed to you?				4	0.000
oney or property owed to you?					
oney or property owed to you?				porti Do no	ion you own?
				porti Do no	ion you own?
3. Tax refunds owed to you				porti Do no	ion you own?
Tax refunds owed to you				porti Do no	ion you own?
a. Tax refunds owed to you ☐ No ☑ Yes. Give specific information		deral and state tax returns, expecte	d, Federal:	porti Do no	ion you own? ot deduct secured s or exemptions.
Tax refunds owed to you ☐ No ☐ Yes. Give specific information about them, including wh	ether not yet re	deral and state tax returns, expected	00000	porti Do no claima	to deduct secured s or exemptions.
Tax refunds owed to you ☐ No ☑ Yes. Give specific information about them, including whyou already filed the retu	ether rns not yet re		State:	porti Do no claima	ion you own? ot deduct secured s or exemptions.
Tax refunds owed to you ☐ No ☐ Yes. Give specific information about them, including wh	ether rns not yet re		00000	porti Do no claima	to deduct secured s or exemptions.
Tax refunds owed to you ☐ No ☐ Yes. Give specific information about them, including whyou already filed the retu	ether rns not yet re		State:	porti Do no claima	to deduct secured s or exemptions.
Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years	ether rns not yet re	eceived	State: Local:	porti Do no claim:	to deduct secured s or exemptions.
Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years	ether rns not yet re		State: Local:	porti Do no claim:	to deduct secured s or exemptions.
Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years	ether rns not yet re	eceived	State: Local:	porti Do no claim:	to deduct secured s or exemptions.
Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years. Family support Examples: Past due or lump sum	ether not yet re	eceived	State: Local:	porti Do no claim:	to deduct secured s or exemptions.
Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years	ether not yet re	eceived	State: Local:	porti Do no claim: \$ \$ \$	to deduct secured s or exemptions. 5,700.00 450.00
B. Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years	ether not yet re	eceived	State: Local: ttlement, property settleme	porti Do no claim: \$s	to deduct secured s or exemptions. 5,700.00 450.00
B. Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the return and the tax years	ether not yet re	eceived	State: Local: ttlement, property settleme	porti Do no claim: \$s	to deduct secured s or exemptions. 5,700.00 450.00
Yes. Give specific information about them, including whyou already filed the returned and the tax years	ether not yet re	eceived	State: Local: ttlement, property settleme Alimony: Maintenance:	porti Do no claim: \$	5,700.00 450.00
Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years	ether not yet re	eceived	State: Local: ttlement, property settleme Alimony: Maintenance: Support: Divorce settlement:	porti Do no claim: \$	to deduct secured s or exemptions. 5,700.00 450.00
Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years. Family support Examples: Past due or lump sum No Yes. Give specific information	alimony, spousal sup	eceived	State: Local: ttlement, property settleme Alimony: Maintenance: Support:	porti Do no claim: \$	to deduct secured s or exemptions. 5,700.00 450.00
Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned and the tax years	alimony, spousal sup	eceived	State: Local: ttlement, property settleme Alimony: Maintenance: Support: Divorce settlement: Property settlement:	porti Do no claim: \$	to deduct secured s or exemptions. 5,700.00 450.00
Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned the tax years	alimony, spousal sup	port, child support, maintenance, divorce se	State: Local: ttlement, property settleme Alimony: Maintenance: Support: Divorce settlement: Property settlement:	porti Do no claim: \$	to deduct secured s or exemptions. 5,700.00 450.00
Tax refunds owed to you No Yes. Give specific information about them, including whyou already filed the returned and the tax years	alimony, spousal sup	port, child support, maintenance, divorce se	State: Local: ttlement, property settleme Alimony: Maintenance: Support: Divorce settlement: Property settlement:	porti Do no claim: \$	to deduct secured s or exemptions. 5,700.00 450.00

Debtor 1

31. Interests in insurance policies			
현실 경우 전에 가는 사람이 가게 되었습니다. 이 에 보고 있어야 한 것 같아 보고 있다고 있습니다. - 사용하다	ince; health savings account (HS	A); credit, homeowner's, or renter's insurance	
☑ No			
Yes. Name the insurance company of each policy and list its value.	Company name:	Beneficiary:	Surrender or refund value:
			s
4		21	\$
			s
	36 2 3 3 4		
 Any interest in property that is due you If you are the beneficiary of a living trust, property because someone has died. 		rance policy, or are currently entitled to receive	
☑ No			
☐ Yes. Give specific information		1	s
33. Claims against third parties, whether of Examples: Accidents, employment disput No	기계 기계 이 경기를 가지 않는 것이 되었다. 그런 사람들이 가지 않는 것이 없는 것이 없었다.	전	•
Yes, Describe each claim			
Yes, Describe each claim	*		s
34. Other contingent and unliquidated clai to set off claims	ms of every nature, including o	counterclaims of the debtor and rights	
☑ No			
Yes. Describe each claim	-		-
			79
35. Any financial assets you did not alread	ly list		
☑ No			
Yes. Give specific information			
a res. Give specific internation			\$
16			
36. Add the dollar value of all of your entri			30,753.00
for Part 4. Write that number here		·····	3
Part 5: Describe Any Business	-Related Property You O	wn or Have an Interest In. List any	real estate in Part 1.
		enth from the second of	
37. Do you own or have any legal or equita	able interest in any business-re	lated property?	
No. Go to Part 6.			
Yes. Go to line 38.			
			Current value of the
			portion you own?
147			Do not deduct secured claims or exemptions.
	Control of the control		or exemptions.
38. Accounts receivable or commissions y	ou already earned		
☑ No			
☐ Yes. Describe			s
39. Office equipment, furnishings, and sup			
	re, modems, printers, copiers, fax mad	chines, rugs, telephones, desks, chairs, electronic devi	ces
☑ No			
Yes. Describe			\$

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Debtor 1 Doris Liliana Aguilar Main Document Page 20:0f 66 or (4 known) Last Name Last Name Last Name

40. Machinery, fixtures,	equipment, supplies you use in business, and tools of your trade		
☑ No	HI 22 JE 19		_
☐ Yes. Describe			s
	5.]
41. Inventory	90t		
✓ No			7
Yes. Describe			S
42 Interests in partners!	nips or joint ventures		
☑ No	1550v.1555 0000 41.0.0000 000		
Yes. Describe	Name of entity	% of ownership:	
	name of entry.		\$
		%	\$
		96	s
			AT-
	ng lists, or other compilations		
₩ No		aucz ar	
[시간에 - 경기사실과 발견됐다가 쓰러 1892]	include personally identifiable information (as defined in 11 U.S.C. § 101(41	A))?	
□ No □ Yes. Des			7
Tes. Des	cribe		s
	property you did not already list		
₩ No			
Yes. Give specific information			\$
			\$
			\$
			\$
32			•
	(American Control of the Control of		\$
- A			\$
45. Add the dollar value	of all of your entries from Part 5, including any entries for pages you have a	attached	s 0.00
for Part 5. Write that	number here		\$
Part 6: Describe A	ny Farm- and Commercial Fishing-Related Property You Own or H	ave an Interest Ir	h.
if you own o	r have an interest in farmland, list it in Part 1.		
46 Do you own or have s	iny legal or equitable interest in any farm- or commercial fishing-related pro		
No. Go to Part 7.	my legal of equitable interest in any farm- of commercial fishing-related pro	operty r	
. Yes. Go to line 47.			
			Current value of the
			portion you own?
			Do not deduct secured claims or exemptions.
47. Farm animals			
	poultry, farm-raised fish		
☑ No			
☐ Yes			7
120			S

Doc 1 Filed 03/29/19 Entered 03/29/19 18:48:59 Case 1:19-bk-10747-MT Aguilar Main Document Doris Liliana Page 21:0fr66er (#known)_ Debtor 1 48. Crops-either growing or harvested No. ☐ Yes. Give specific information..... 49. Farm and fishing equipment, implements, machinery; fixtures, and tools of trade No No Yes... 50. Farm and fishing supplies, chemicals, and feed No No ☐ Yes... 51. Any farm- and commercial fishing-related property you did not already list No No Yes. Give specific ·information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached 0.00 for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No No Yes. Give specific information.... 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 8: 0.00 55. Part 1: Total real estate, line 2 ... 0.00 56. Part 2: Total vehicles, line 5 2,150.00 57. Part 3: Total personal and household items, line 15 30,753.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 61. Part 7: Total other property not listed, line 54 32,903.00 32,903.00 62. Total personal property. Add lines 56 through 61. Copy personal property total 32,903.00 63. Total of all property on Schedule A/B. Add line 55 + line 62.

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Middle Name	Last Name	
Middle Name	Last Name	
	Middle Name	

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:	Identify the	Property You	Claim as	Exempt
---------	--------------	--------------	----------	--------

	on of the property and line on that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	and hold the property	Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	Household goods	\$ <u>950.00</u>	☑ \$ <u>950.00</u>	C.C.P. § 704.140(b)(3)
Line from Schedule A/B:	6		■ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Electronics	\$_700.00	☑ \$ <u>700.00</u>	C.C.P. § 704.140(b)(3)
Line from Schedule A/B:	7		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Clothes	\$ <u>500.00</u>	☑ \$ <u>500.00</u>	C.C.P. § 704.140(b)(3)
Line from Schedule A/B:	11		100% of fair market value, up to any applicable statutory limit	

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Debtor 1

	on of the property and line VB that lists this property	Current va portion yo		Amount of	the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B		Check only one box for each exemption			
Brief description:	Cash	\$	19.00	775 6 7	19.00	C.C.P. § 704.140(b)(5)	
Line from Schedule A/B:	16				of fair market value, up to plicable statutory limit		
Brief description:	Logix checking acco	\$	817.00		817.00	C.C.P. § 704.140(b)(5)	
Line from Schedule A/B:	17.1				of fair market value, up to plicable statutory limit	HET.	
Brief description:	Schools First checki	\$	901.00	1 s	901.00	C.C.P. § 704.140(b)(5)	
Line from Schedule A/B:	17.2				of fair market value, up to oplicable statutory limit	27.6	
Brief description:	California Credit che	\$	766.00	1 \$	766.00	C.C.P. § 704.140(b)(5)	
Line from Schedule A/B:	17.6				of fair market value, up to plicable statutory limit		
Brief description:	2018 tax returns	\$	6,150.00		6,150.00	C.C.P. § 703.140 (b) (5)	
Line from Schedule A/B:	28				of fair market value, up to plicable statutory limit	-	
Brief description:	CALPERS pension	s	22,100.00	1 s	22,100.00	C.C.P. § 703.140 (b) (10) (E	
Line from Schedule A/B:	21				of fair market value, up to plicable statutory limit		
Brief description:	<u>, </u>	\$		□ s			
Line from Schedulė A/B:				100% any ap	of fair market value, up to plicable statutory limit		
Brief description:		\$		□ s			
Line from Schedule A/B:					of fair market value, up to pplicable statutory limit		
Brief description:		\$		□ s			
Line from Schedule A/B:					of fair market value, up to plicable statutory limit		
Brief description:		\$		□ s			
Line from Schedule A/B:					of fair market value, up to plicable statutory limit		
Brief description:		\$		_ s			
Line from Schedule A/B:					of fair market value, up to pplicable statutory limit		
Brief description:		\$		□ s			
Line from					of fair market value, up to		

Schedule A/B:

any applicable statutory limit

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Debtor 1	Doris	Liliana	Aguilar Solis
D-00101 1	First Name	Middle Name	Last Name
Debtor 2	V=V12		
(Spouse, if filing	ng) First Name	Middle Name	Last Name
United State	es Bankruptcy Court fo	r the: Central District of	California

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

Do any creditors have claims secured by your property?	
No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on the	nis form
Yes. Fill in all of the information below.	

for each claim. If more than one creditor h	more than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecure portion If any
1],	Describe the property that secures the claim:	\$	_ s	s
Creditor's Name				
Number Street				2.5
	As of the date you file, the claim is: Check all that apply.			
-	Contingent Unliquidated			
City State ZIP Code	Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	☐ An agreement you made (such as mortgage or secured			
Debtor 2 only	carloan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	-		
community debt				
	Last 4 digits of account number			
community debt	Last 4 digits of account number Describe the property that secures the claim:	\$	_ s	\$
community debt Date debt was incurred		s	s	\$
community debt Date debt was incurred 2 Creditor's Name		s	_ s	\$
community debt Date debt was incurred 2	Describe the property that secures the claim:		\$	\$
community debt Date debt was incurred 2 Creditor's Name	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply.		_ \$	\$
community debt Date debt was incurred 2 Creditor's Name	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent		_ \$	\$
community debt Date debt was incurred 2 Creditor's Name	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply.		_ S	\$
community debt Date debt was incurred 2 Creditor's Name Number Street	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. Contingent Unliquidated		\$	\$
community debt Date debt was incurred 2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured)		\$	\$
Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan)		\$	\$
community debt Date debt was incurred 2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)		\$	\$
Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit		\$	\$
community debt Date debt was incurred 2 Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)		SS	\$

Entered 03/29/19 18:48:59 Case 1:19-bk-10747-MT Doc 1 Filed 03/29/19 Fill in this information to identify your case: Main Document Doris Liliana Aguilar Solis Debtor 1 First Name Debtor 2 (Spouse, if filing) First Name MANUE Name Last Name United States Bankruptcy Court for the: Central District of California Check if this is an amended filing (if known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). List All of Your PRIORITY Unsecured Claims Part 1: 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount 2.1 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent ZIP Code Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other, Specify ☐ No ☐ Yes Last 4 digits of account number Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated State 7IP Code Disputed

Type of PRIORITY unsecured claim:

Taxes and certain other debts you owe the government

Claims for death or personal injury while you were

Domestic support obligations

intoxicated

Other, Specify

☐ No ☐ Yes

Debtor 1 only

Debtor 2 only

Who incurred the debt? Check one.

At least one of the debtors and another

Check if this claim is for a community debt

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

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Pa	rt 2: List All of Your NONPRIORI	TY Uns	ecured Claims	in ingo io or oo			
3.	Do any creditors have nonpriority unser No. You have nothing to report in this Yes						4
	List all of your nonpriority unsecured of nonpriority unsecured claim, list the credit included in Part 1. If more than one credit claims fill out the Continuation Page of Pa	or separa or holds a	ately for each clai	 For each claim listed, identify wh 	at type of claim it is. Do not	list clain	ns already
						Total	claim
4.1	AFNI				0 2 7 0	Total	Cidilli
_	Nonpriority Creditor's Name			Last 4 digits of account number		\$	377.00
	P.O Box 3517			When was the debt incurred?	07/21/2018		
	Number Street		La December 1				
		tate	61702 ZIP Code	As of the date you file, the claim	is: Check all that apply.		
	City	nate.	ZIF CODE		The street an energy,		
	Who incurred the debt? Check one.			☐ Contingent☐ Unliquidated	220		
	Debtor 1 only			Disputed			
	Debtor 2 only						
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	ured claim:		
13	At least one of the debtors and another			☐ Student loans			
	☐ Check if this claim is for a communit	v debt		Obligations arising out of a sepa			
		,		that you did not report as priority			
	Is the claim subject to offset? No			Debts to pension or profit-sharin Other, Specify (red) + (g plans, and other similar debts and frinases		
	Yes			Se Other Specify Cross 1	mi a promoco	50	
							71.00
4.2	Aire Medical Group, Inc.			Last 4 digits of account number	0 0 9 9 9	\$	71.00
	Nonpriority Creditor's Name 372 E. Olive Ave. Number Street		^	When was the debt incurred?	<u>03111120</u> 10		8
		CA	91502	As of the date you file, the claim	is: Check all that apply.		
	10.0	tate	ZIP Code	□ Contingent			
	Who incurred the debt? Check one.			☐ Unliquidated			
	Debtor 1 only			☐ Disputed			
	Debtor 2 only				9-5-6-61-6-000		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	ured claim:		
	At least one of the debtors and another			☐ Student loans			
	☐ Check if this claim is for a communit	v debt		 Obligations arising out of a sepa that you did not report as priority 			
	Is the claim subject to offset?	10		Debts to pension or profit-sharin	g plans, and other similar debts		
	☑ No			Other. Specify Medical	expenses		
	Yes				,		
4.3	Aire Medical Group, Inc.			Last 4 digits of account number		s	24.00
	375 E. Olive Ave.			When was the debt incurred?	08/04/2018		
		CA	91502		i- 0		
(30)	City	tate	ZIP Code	As of the date you file, the claim	i is: Uneck all that apply.		
	Who incurred the debt? Check one.			Contingent			
	☑ Debtor 1 only			Unliquidated			
	Debtor 2 only			☐ Disputed			
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsect	ured claim:		
	At least one of the debtors and another			Student loans			
	☐ Check if this claim is for a communit	ty debt		Obligations arising out of a sepa	ration agreement or divorce		
		in the second		that you did not report as priority	claims		
	Is the claim subject to offset? No			Debts to pension or profit-sharin			
	Yes	70		Other. Specify Medical	expenses		

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First Name Middle Name Last Main Document Page 27°0f 66°ber (FAROWR)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

Afte	or listing any entries on this page, nu	mber the	em beginning with	4.4, followed by 4.5, and so forth.	Tot	al claim
10	Aire Medical Group, Inc.	1001111/7/0411	S7141111111 XX2582111	Last 4 digits of account number 0 0 9 9	s	71.0
	372 E. Olive Ave.			When was the debt incurred? 03/18/2018		
	Number Street Burbank	CA	91502	As of the date you file, the claim is: Check all that apply.		
	Chy Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	☐ Check if this claim is for a commu Is the claim subject to offset? ☐ No ☐ Yes	nity debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical expenses		
11	Aire Medical Group, Inc	,		Last 4 digits of account number	\$	36.00
	372 E. Olive Ave.			When was the debt incurred? 02/21/2018		- 12
	Burbank	CA	91502	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent	89	
	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed		
	Debtor 1 only					
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
- 5	Debtor 1 and Debtor 2 only At least one of the debtors and another		%	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that		
	Check if this claim is for a commu	nity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? ✓ No ☐ Yes			☑ Other. Specify Medical expenses		
12				Last 4 digits of account number 0 0 9 9	s	60.00
	Aire Medical Group, Inc Nonpriority Creditor's Name			When was the debt incurred? 06/05/2018		
	11642 Knotts St. Suite 15 Number Street	11 to 10 to 1	200000000000000000000000000000000000000	As of the date you file, the claim is: Check all that apply.		
	Garden Grove	CA	92841			
	City	State	ZIP Code	☐ Contingent☐ Unliquidated		
70	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only			7 172 SALECTE SPECIES (1879)		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans		
	☐ Check if this claim is for a commu		9.11	Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset? ☑ No □ Yes			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical expenses		

Afte	er listing any entries on this page, number then	n beginning with 4.4	, followed by 4.5, and so forth.	Total claim
3	Burbank Emergency Medical Group Nonpriority Creditor's Name	gr 10-10	Last 4 digits of account number 5 6 0 8	s448.0
	P.O BOX 3495	~~	When was the debt incurred? 0112312018	
	Number Street Toledo OH	43607	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		- Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Expenses	
	. Mo □ Yes		Other. Specify Medital CAPORSES	
8	— 165			
4	Burbank Emergency Medical Group Nonpriority Creditor's Name		Last 4 digits of account number 6 8 2 6	s378.0
	P.O Box 3495		When was the debt incurred? 0111517018	- 2
	Number Street Toledo OH	43607	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	☐ Contingent	8
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		✓ Other. Specify Medical expenses	
	☑ No			
	Yes			
5	Capital One Bank		Last 4 digits of account number 5 3 8	s_1,325.0
	Nonpriority Creditor's Name P.O Box 60599		When was the debt incurred? 04/22/2018	
	Number Street City of Industry CA	91716	As of the date you file, the claim is: Check all that apply.	
	City of industry CA City State	ZIP Code	☐ Contingent	
• ::	FOR IV MADE DATINGTON STREET		☐ Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only Debtor 2 only		Type of NONDRIODITY unsecured slaim:	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	Is the claim subject to offset?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify (red) + Land Purchases	
	No		other. Specify Crost (are PVI Chase)	
	Yes	= 172		

Afte	r listing any entries on this page, n	umber the	m beginning with	4.4, followed by 4.5, and so forth.	Total claim
16	Capital One Services, LLC		2.	Last 4 digits of account number 5 3 3 8	s 1,462.00
	Nonpriority Creditor's Name P.O BOX 70886	2		When was the debt incurred? 03/02/2018	
	Number Street Charlotte	NC	28272	As of the date you file, the claim is: Check all that apply.	
	City Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed	
	✓ Debtor 1 only ✓ Debtor 2 only ✓ Debtor 1 and Debtor 2 only ✓ At least one of the debtors and another	r		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commuls the claim subject to offset? ☑ No ☐ Yes	unity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Furchases	
17	California Check Cashing	-		Last 4 digits of account number 1 6 7 5	s 378.00
	Nonpriority Creditor's Name 7001 Post Road Suite 300			When was the debt incurred? 07/07/2018	5
1.5	Number Street Dublin	ОН	43016	As of the date you file, the claim is: Check all that apply.	
	City Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed	8
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim: Student loans	
	☐ At least one of the debtors and anothe ☐ Check if this claim is for a commuls the claim subject to offset? ☑ No ☐ Yes			□ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Credit card purchases	
18	Capital One			Last 4 digits of account number 0 2 4 5	s_1,530.00
	Nonpriority Creditor's Name V. O. Boy 71083			When was the debt incurred? 07/21/2018	
	Number Street UC	1827	2	As of the date you file, the claim is: Check all that apply.	
•	City Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe	r		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a commits the claim subject to offset? ☑ No ☐ Yes	unity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Liedt card purchases	

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Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	er listing any entries on this page, numb	er them b	eginning with 4.4	, followed by 4.5, and so forth.	Total claim
19	Carson Smithfield, LLC Nonpriority Creditor's Name		*	Last 4 digits of account number 2 8 6 9	s_1,249.00
	P.O BOX 9216			When was the debt incurred? 09/02/2018	
	Number Street Old Bethpage N	١Y	11804	As of the date you file, the claim is: Check all that apply.	
	City Sta Who incurred the debt? Check one.	ate Zi	P Code	☐ Contingent☐ Unliquidated☐	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community Is the claim subject to offset? ☑ No	debt /		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify MISCULANCOVS FURCHASES	
	☐ Yes				
20	CBE Group Nonpriority Creditor's Name			Last 4 digits of account number 0 3 6 1	s508.00
	1309 Technology Pkwy			When was the debt incurred? <u>D8 (18 (2018</u>	
1.0	Number Street Cedar Falls I/	A	50613	As of the date you file, the claim is: Check all that apply.	
	City Sta	100	P Code	☐ Contingent ☐ Unliquidated	88
	Who incurred the debt? Check one.			☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			Student loans	
- 8	At least one of the debtors and another			Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community	debt		you did not report as priority claims	
	Is the claim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify MSCEWANEOUS PURCHASES	
_	Yes				
21	C.C.D.C			Last 4 digits of account number 5 7 2	s127.00
	Nonpriority Creditor's Name			When was the debt incurred? 08/12/2018	
	P.O Box 29050 Number Street			- 1 (1994) DESTRUCTOR (1994) D	
	The state of the s		91209	As of the date you file, the claim is: Check all that apply.	
	City Sta	ate ZI	P Code	Contingent	
•	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed	
	Debtor 1 only			Distribution States And States an	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			☐ Student loans	
	_	274240		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community	debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other specify Credit card purchases	
	No No		LU 1.50		

	Case 1:19-bk-10/4/-I	VΙΙ
Debtor 1	Doris	L.

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	er listing any entries on this page, number	er them beginning	with 4.4, followed by 4.5, and so forth.	To	tal claim
12	C.C.D.C Nonpriority Creditor's Name P.O Box 29050		Last 4 digits of account number 6 1 3 1 When was the debt incurred? 02/14/2018	\$	127.00
	Number Street Glendale C	A 91209	As of the date you file, the claim is: Check all that apply.		
	City State		Contingent		
	Who increased the debt2 Observes		☐ Unliquidated		
	Who incurred the debt? Check one. Debtor 1 only		☐ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only		Student loans		
	At least one of the debtors and another	V-10-10	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	☐ Check if this claim is for a community	debt	Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		other. Specify Credit card purchases		
	⊠ No □ Yes		,		
23	C.C.D.C	35	Last 4 digits of account number 6 1 3 1	\$	126.00
	Nonpriority Creditor's Name		When was the debt incurred? 03/17/20/8		
	P.O Box 29050 Number Street				5-
	Glendale C	A 91209	As of the date you file, the claim is: Check all that apply.		
	City State		□ Contingent	83	
	Who incurred the debt? Check one.		Unliquidated		
	Debtor 1 only		☐ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		☐ Student loans		
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community	debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		other specify Credit card vurchases		
	✓ No				
	Yes				
24				s	125.00
	C.C.D.C		Last 4 digits of account number 5 7 7 2		
	Nonpriority Creditor's Name P.O Box 29050		When was the debt incurred? 04/24/2018		
	Number Street Glendale C/	A 91209	As of the date you file, the claim is: Check all that apply.		
	City Stat		□ Contingent		
			☐ Unliquidated		
	Who incurred the debt? Check one.		☐ Disputed		
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		Student loans		
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community	debt	you did not report as priority claims		
	Is the claim subject to offset?	20 M 20 Em	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Vyrchases		
	☑ No		w Outer, Specify (10011 (A) D TVIVI(035)		
	Yes				

Afte	er listing any entries on this page, number	them beginning with	h 4.4, followed by 4.5, and so forth.	Total claim		
25	CCDC		Last 4 digits of account number 6 3 8 9	s 126.00		
- 6	C.C.D.C Nonpriority Creditor's Name P.O Box 29050		4. To 1. To	\$120.00		
			When was the debt incurred? 05/21/2018			
	Number Street	n ware week	As of the date you file, the claim is: Check all that apply.			
	Glendale CA					
	City State	ZIP Code	☐ Contingent			
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed			
	Debtor 1 only		C Disputed			
	Debtor 2 only		Type of NONPRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only		☐ Student loans			
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that			
	☐ Check if this claim is for a community de		you did not report as priority claims			
		PDL	Debts to pension or profit-sharing plans, and other similar debts			
	Is the claim subject to offset?		other Specify Credit Card purchases			
35	☑ No		,			
	Yes					
26			Last 4 digits of account number 8 2 1 0	s 1,291.00		
	C.C.D.C		Last 4 digits of account number 0 2 1 0	\$_1,201.00		
	Nonpriority Creditor's Name		When was the debt incurred? 06/14/2018			
*	P.O Box 29050 Number Street			-		
	Glendale CA	91209	As of the date you file, the claim is: Check all that apply.			
	City State	ZIP Code	Contingent	28		
			☐ Unliquidated			
	Who incurred the debt? Check one.		☐ Disputed			
	Debtor 1 only					
	Debtor 2 only		Type of NONPRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only At least one of the debtors and another		☐ Student loans			
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that			
	☐ Check if this claim is for a community de	ebt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
	Is the claim subject to offset?		Other. Specify Credit card gyrchases			
	☑ No		- Sand Speed of the State of th			
	Yes					
7				s_ 379.00		
	C.C.D.C		Last 4 digits of account number 6 0 2 9			
	Nonpriority Creditor's Name P.O Box 29050		When was the debt incurred? 05/29/2018			
	Number Street	04000	 As of the date you file, the claim is: Check all that apply. 			
	Glendale CA	91209 ZIP Code	_ D C			
	City State	ZIF CODE	☐ Contingent☐ Unliquidated			
***	Who incurred the debt? Check one.		Disputed			
	Debtor 1 only		- Перини			
	Debtor 2 only		Type of NONPRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only		Student loans			
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that			
	☐ Check if this claim is for a community de	eht .	you did not report as priority claims			
	and the second s		Debts to pension or profit-sharing plans, and other similar debts			
	Is the claim subject to offset?		other specify Credit card gurchases			
	☑ No					
	☐ Yes					

		Cas	Æ.
Debtor	1	8.8	0

Aite	er listing any entries on this page, numbe	r them beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
28	C.C.D.C	3.	Last 4 digits of account number 6 0 0 4	s 253.00
	P.O Box 29050		When was the debt incurred? 08/23/2018	
	Number Street Glendale CA		As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	54E2	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	□ Check if this claim is for a community of list he claim subject to offset? □ No □ Yes	le Dt	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Curd yurchase S	
29				
	C.C.D.C Nonpriority Creditor's Name		When was the debt incurred?	\$_3,402.00
1	P.O Box 29050 Number Street			5=
	Glendale CA		As of the date you file, the claim is: Check all that apply. Contingent	24
	Who incurred the debt? Check one. Debtor 1 only		Unliquidated Disputed	
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		Type of NONPRIORITY unsecured claim: Student loans	
	☐ Check if this claim is for a community of ls the claim subject to offset?	lebt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit and Jurchase 	
	☑ No □ Yes			
30	Collection Consultant of California		Last 4 digits of account number 0 6 6 8	\$ <u>164.00</u>
	6100 San Fernando Road Suite 2	11	When was the debt incurred? 0311612018	
	Number Street Glendale CA		As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community of	lebt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? No Pes		Other. Specify Credit Card Furchases	

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

Afte	er listing any entries on this page, number the	em beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
31	Collection Consultant of California	24	Last 4 digits of account number 4 9 3 7	s192.0
	6100 San Fernando Road Suite 211		When was the debt incurred? 0211712018	
	Number Street Glendale CA	91201	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	□ Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		other Specify Credit card purchases	
	Mo No □ Yes		,	
32	Callantina Consultant of California		Last 4 digits of account number 9 3 8 4	s 203.00
	Collection Consultant of California Nonpriority Creditor's Name		-2/27/2018	*
	6100 San Fernando Road Suite 211		When was the debt incurred?	54
161	Number Street Glendale CA	91201	As of the date you file, the claim is: Check all that apply.	
	City State	Contingent	23	
			☐ Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		other. Specify Credit card purchases	
	M No			
	Yes			
33	11.		71 1363 F 15 P 363 2 P 190	204.0
	Collection Consultant of California		Last 4 digits of account number 1 5 1 2	-
	Nonpriority Creditor's Name		When was the debt incurred? 01/05/2018	
	6100 San Fernando Road Suite 211			
	Glendale CA	91201	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated Disputed	
	Debtor 1 only		(A)	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		☐ Student loans	
	The state of the s		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		other specify Wedit card furchases	
	☑ No ☐ Yes		× ×	

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First Name Mode Name Last Main Document Page 35 of 66 of (FAROMI)

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

Afte	r listing any entries on this page, number the	em beginning with 4.4	, followed by 4.5, and so forth.	Total claim
34	Collection Consultant of California	84	Last 4 digits of account number 5 2 9 5	s166.00
	6100 San Fernando Road Suite 211		When was the debt incurred? 01/24/2018	
	Number Street Glendale CA	91201	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	Debtor 1 only		□ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		☐ Student loans	
			Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		other specify credit card furchases	
	y No ☐ Yes			
5	Collections Department		Last 4 digits of account number 5 4 2 4	s600.00
	Nonpriority Creditor's Name		When was the debt incurred? 06/29/2018	
	5425 Van Nuys Blvd			-
	Van Nuys CA	91401	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	☐ Contingent☐ Unliquidated	et .
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only			
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts	
	M No		other specify <u>Credit card purchases</u>	
	Yes			
6	0		Last 4 digits of account number 8 5 4 0	s_ 508.00
	Convergent Out Sourcing, Inc. Nonpriority Creditor's Name		ar livelan &	
	P.O Box 9004		When was the debt incurred?	
	Renton WA	98057	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
*	Who incurred the debt? Check one.		☐ Unliquidated☐ Disputed	
	Debtor 1 only		and the second s	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another		☐ Student loans	
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		other specify credit card purchases	
	☑ No ☐ Yes			

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u	e	u	щ	u	Œ	- 1	

Your NONPRIORITY Unsecured Claims - Continuation Page

listing any entries on this page, number them beginning with	4.4, followed by 4.5, and so forth.	Total claim
Credit Collections Servs.	Last 4 digits of account number 7 2 9 0	s 65.0
Nongriority Creditor's Name 125 (UNTON STYEL)	When was the debt incurred? 07/27/2018	3
Number Street MA 02062 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
Who incurred the debt? Check one.	Unliquidated Disputed	
✓ Debtor 1 only ✓ Debtor 2 only ✓ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt is the claim subject to offset? ☑ No ☐ Yes	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Purchases	
Credit One Bank	Last 4 digits of account number	s <u>674.0</u>
Nonpriority Creditor's Name P.O Box 98873	When was the debt incurred? 01/27/2018	52
Number Street Las Vegas NV 89193 City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Chack one.	☐ Contingent ☐ Unliquidated ☐ Disputed	
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
☐ Check if this claim is for a community debt Is the claim subject to offset? ✓ No ☐ Yes	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card Furchases	
Credit One Bank	Last 4 digits of account number 8 1 4 3	s_ 875.0
Nonpriority Creditor's Name (Marron Kd	When was the debt incurred? 04 05 12018	
Number Vagas IVV 89113 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
Who incurred the debt? Check one.	☐ Unliquidated☐ Disputed	
☑ Debtor 1 only ☑ Debtor 2 only ☑ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
At least one of the debtors and another	 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	Debts to pension or profit-sharing plans, and other similar debts Other. Specify (real card purchases)	

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fter listing any entries on this page, number them beginning wit	th 4.4, followed by 4.5, and so forth.	Total claim
Deardens .	Last 4 digits of account number 1 9 8 0	\$_2,864.00
Nonpriority Creditor's Name	When was the debt incurred? 05/01/2018	
Number Street	As of the date you file, the claim is: Check all that apply.	
Vals Verdes 95tate CH 40277	Contingent	
City State ZIP Code	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	 Student loans Obligations arising out of a separation agreement or divorce that 	
	you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts Other. Specify MISCELLAN COVS FUTCHESES	
Is the claim subject to offset?	a one. open	
. ☑ No		
1	Last 4 digits of account number 0 4 7 6	s109.0
Directv Nonpriority Creditor's Name	- 42/22/2019	
P.O Box 54000	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	_
L@s Angeles CA 90054	Contingent	
City State 217 Cook	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Visettled balance	
Is the claim subject to offset?	Otter, Specify 4177971 1822	
☑ No □ Yes	9	
		s 508.
42	Last 4 digits of account number 0 4 7 6	
Directv Nonpriority Creditor's Name	06/07/2018	
P.O Box 54000	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
Los Angeles CA 90054 State ZIP Code	□ Contingent	
City Scale 21 555	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	t
☐ Check If this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Other, Specify VnSettled balance	
Is the claim subject to offset?	4 0000.07-7	
₩ No	1.70	

Debt	Tor 1 Doris First Name Middle Name To 2: Your NONPRIORITY Unse	L. Las Ma	in Documer		SC	
Afte	er listing any entries on this page, no	umber ther	n beginning with	4.4, followed by 4.5, and so forth.	То	tal claim
43	Diversified Consultants, Inc.			Last 4 digits of account number 6 6 1 5	s	508.00
	Nonpriority Creditor's Name			When was the debt incurred? 08/04/2018		
	P.O Box 551268			when was the debt incurred?		
	Number Street Jacksonville	FL	32255	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another	r.		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commu	inity debt		you did not report as priority claims		
	Is the claim subject to offset?		4	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Life At Card Purchase S		
	☑ No			Other Specify Citati Con S Fortimos		
	Yes					
14				Last 4 digits of account number 8 6 5 1		583.00
	Dynamic Recovery Solutions Nonpriority Creditor's Name	(3)		Last 4 digits of account number 5 5 5 5	-	303.00
	P.O Box 25759 Number Street	- 8		When was the debt incurred?		-
	Greenville	SC	29616	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code *	☐ Contingent ☐ Unliquidated	28	
	Who incurred the debt? Check one.	111		☐ Disputed		
	Debtor 1 only					
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	. 341		Student loans		
		the extraction		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	☐ Check if this claim is for a commu	inity debt		Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			other specify (red) t card purchases		
	☑ No □ Yes			20 970		
15	- 165			The state of the s	7150	240.00
10	Enhanced Recovery Compan	y, LLC.		Last 4 digits of account number 4 5 1 4	\$	240.00
	Nonpriority Creditor's Name			When was the debt incurred? 02/01/01/8		
	8014 Bayberry Rd. Number Street					
	Jacksonville	FL	32256	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
•	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			☐ Student loans		
	At least one of the debtors and another	r		Obligations arising out of a separation agreement or divorce that		
	Check if this claim is far a commu	unitu daht		you did not report as priority claims		

☑ No ☐ Yes

☐ Check if this claim is for a community debt

Is the claim subject to offset?

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify (red) + card pyrchases

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Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Last 4 digits of account number $\frac{8}{02} \frac{5}{02} \frac{2}{00} \frac{4}{000}$ 377.00 46 Enhanced Recovery Company, LLC Nonpriority Creditor's Name 8014 Bayberry Rd. As of the date you file, the claim is: Check all that apply. 32256 FL Jacksonville Contingent 7IP Code State Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Credit Card purchase 5 Check if this claim is for a community debt Is the claim subject to offset? M No Yes . Last 4 digits of account number 2 1 3 0 18.00 47 06/07/2018 Facey Medical Foundation Nonpriority Creditor's Name When was the debt incurred? File 50670 As of the date you file, the claim is: Check all that apply. Number 90074 CA Los Angeles Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Student loans Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt Other Specify Medical Is the claim subject to offset? No No ☐ Yes 24.00 Last 4 digits of account number 1 0 1 4 48 Facey Medical Foundation Nonpriority Creditor's Name When was the debt incurred? File 50670 As of the date you file, the claim is: Check all that apply. CA 90074 Los Angeles Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt 1 Other Specify Medical expenses Is the claim subject to offset? No No ☐ Yes

Debtor 1

Case 1:19-bk-10747-MT Doc 1 Filed 03/29/19 Entered 03/29/19 18:48:59 Desc Doris Main Document Page 40^cof 66^{ber (Facolor)} Debtor 1 Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 49 Last 4 digits of account number 2 8 4 0 583.00 FBCS, Inc. Nonpriority Creditor's Name When was the debt incurred? 330 S. Warminster Rd. Suite. 353

	Hatboro	PA	19040		As of the date you me, the claim is. Check an that appry.	
	City	State	ZIP Code		☐ Contingent	
					☐ Unliquidated	
	Who incurred the debt? Check one.				☐ Disputed	
	Debtor 1 only					
	Debtor 2 only				Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only				☐ Student loans	
	At least one of the debtors and another	Br .			Obligations arising out of a separation agreement or divorce that	
					you did not report as priority claims	
	☐ Check if this claim is for a comm	unity debt			Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?				other specify Miscellaneous purchases	
	☑ No					
195	Yes					
50						
50	Fingerhut				Last 4 digits of account number 2 4 1 7	\$ 509.00
	Nonpriority Creditor's Name				AC/12/2018	
					When was the debt incurred? 08/15/20/0	
16	P.O Box 166 Number Street					
	Newark	NJ	07101		As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code		☐ Contingent	94 = 1
		100			Unliquidated	
	Who incurred the debt? Check one.				Disputed	
	Debtor 1 only	2.5			G Disputed	
	Debtor 2 only				Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only				[2.2] [1.1] [2.1] [2.1] [2.1] 보면 하다면 하면 하면 되었습니다. [2.2] [2.1] [2.2] [2.2] [2.2] [2.2] [2.2] [2.2] [2.2] [2.2]	
					Student loans	
0.2	At least one of the debtors and another	er.			Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a comm	unity debt			you did not report as priority claims	
	le the eleier cubicat to effect?	5			Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?				other Specify Miscellaneov's purchases	
	₩ No					
	Yes					
51					Last 4 digits of account number 2 4 1 7	s_ 463.00
	Fingerhut					
	Nonpriority Creditor's Name				When was the debt incurred? 12/03/2017	
	6250 Ridgewood Rd.				12 17 2 1	
	Number Street	1484	E0202		As of the date you file, the claim is: Check all that apply.	
	St. Cloud	MN	56303 ZIP Code			
	City	State	ZIP Code		Contingent	
*	Who incurred the debt? Check one.				Unliquidated	
	12 <u>4-</u> 2				☐ Disputed	
	Debtor 1 only					
	Debtor 2 only				Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			15	☐ Student loans	
					Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a comm	unity debt			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?				Other Specify MISCELLAN COVS PUTCHASES	
	☑ No				***************************************	
	☐ Yes					

	Your NONPRIORITY Unsecured Claims — Cont		Total claim
_			The last such
52	First Premier Bank	Last 4 digits of account number 0 1 8 9	s 1,040.00
	Nonpriority Creditor's Name	When was the debt incurred? 01 23 12018	3_1,010.00
	Sioux Falk SD 57/17	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	그렇게 되었다. 그 이 회사들이 얼마나 되었다면 되었다면 되었다.	
	At least one of the debtors and another	Student loans	
		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other Specify Credit card vurchase 5	
-	☑ No		
	☐ Yes .		
53	First Premier Bank	Last 4 digits of account number 1 0 4 7	s_3,600.00
	Nonpriority Creditor's Name	When was the debt incurred? 02/24/2018	
	P.O Box 5529 Number Street		_
	Sioux Falls SD 57117	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	19
		☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
2.5	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	□ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify (1401+ (ar \(\frac{1}{2}\)) PVChases	
	☑ No	other. Specify (1 that Cut is prototices	
	□ Yes		
54			s 2,695.00
	FMS, Inc.	Last 4 digits of account number 5 0 7 4	-
	Nonpriority Creditor's Name	When was the debt incurred? 03/16/2018	
	P.O Box 707600	when was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	Tulsa OK 74170 City State ZIP Code	— n accessor	
	State Zir Code	☐ Contingent☐ Unliquidated	
Ť	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	other. Specify (red) + card purchases	

☑ No ☐ Yes

Afte	er listing any entries on this page, number ther	n beginning with	4.4, followed by 4.5, and so forth.	Total claim
55	CMC In-		Last 4 digits of account number 3 6 4 7	s 2,695.00
	FMS, Inc. Nonpriority Creditor's Name	3.	10/01/00/8	\$ 2,000.00
	P.O Box 707600		When was the debt incurred?	
	Number Street Tulsa OK	74170	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	Contingent	
	Who incurred the debt? Check one.		Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		 Obligations arising out of a separation agreement or divorce that 	
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		other specify Credit Card purchases	
	. ☑ No			
	Yes			
56				
	Gotham Bail Bonds		Last 4 digits of account number 5 8 4 2	\$ 3,000.00
	Nonpriority Creditor's Name 410 Bauchet St		When was the debt incurred? 01/29/2018	52
	Number Street Street P 90012		As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	□ Contingent	84
	Who incurred the debt? Check one.		☐ Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
- 53	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		other. Specify UNSEHUA DAIANCE	
	☑ No			
	Yes			
57				s_1,063.00
	Halsted Financial Services, LLC		Last 4 digits of account number 3 2 6 3	
	Nonpriority Creditor's Name P.O Box 828		When was the debt incurred? 12/09/2018	
	Number Street	2222	As of the date you file, the claim is: Check all that apply.	
	Skokie IL City State	60076 ZIP Code		
	City 51818	AIT COOK	☐ Contingent☐ Unliquidated	
0.00	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only			
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans	
	☐ Check if this claim is for a community debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	

No Yes

Is the claim subject to offset?

Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Credit Card Furanases

Case 1:19-bk-10747-MT Doc 1 Filed 03/29/19 Entered 03/29/19 18:48:59 Desc Dolls

First Name Middle Name Law Main Document Page 43°0f 66° ber (F Arcoun)

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	er listing any entries on this page, number	er them b	eginning with 4.4	I, followed by 4.5, and so forth.	То	tal claim
58	Harbor- UCLA MED FOUND Inc.		0 1	Last 4 digits of account number 4 1 9 1		197.00
	P.O Box 30380			When was the debt incurred? 03/03/2018		
	Number Street Los Angeles Ca	Α	90030	As of the date you file, the claim is: Check all that apply.		
	City State Who incurred the debt? Check one.	te Z	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			☐ Student loans ·		
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community	debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			other specify Medical expenses		
	, ☑ No □ Yes					
59	HSBC Card Services			Last 4 digits of account number 7 4 5 2	s	558.00
	Nonpriority Creditor's Name			09/03/2018	_	
*	P.O Box 60501			When was the debt incurred? <u>(1910317</u> 0) 8		
	Number Street City of Industry C	Α	91716	As of the date you file, the claim is: Check all that apply.		
	City Stat	te Z	IP Code	Contingent	24	
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed		
	Debtor 1 only			□ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another			☐ Student loans		
-		2011		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	☐ Check if this claim is for a community	debt		Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			other Specify Credit card furchases		
	Mo No ☐ Yes					
60			1	Last 4 digits of account number 1 5 2 2	\$	563.00
	I.C. System Inc. Nonpriority Creditor's Name					
	P.O Box 64378 Number Street			When was the debt incurred? 08/12/2018		
	St, Paul M	IN	55164	As of the date you file, the claim is: Check all that apply.		
	City Stat	te Z	IP Code	Contingent		
S*::	Who incurred the debt? Check one.			☐ Unliquidated☐ Disputed		
	Debtor 1 only			■ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			☐ Student loans		
				Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community	debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			other specify Creditiand purchases		
	☑ No □ Yes			THE EXECUTION THE STATE OF THE		

C	ase 1:19-bk-1	0/4/-MI	Doc
Debtor 1	Doris	L.	Mai

Afte	er listing any entries on this page, number the	m beginning with 4	l.4, followed by 4.5, and so forth.	Total claim
61	I.C. System Inc.		Last 4 digits of account number 1 4 6 9	s 3,744.00
	Nonpriority Creditor's Name	7 1	06/24/2018	-
	P.O Box 64378		When was the debt incurred?	
	Number Street	55404	As of the date you file, the claim is: Check all that apply.	
	St. Paul MN City State	55164 ZIP Code	1 <u>20</u> 00 to 12 12 13 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	
	City	211 0000	☐ Contingent ☐ Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only		***************************************	
	☐ Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		other Specify Credit card VVIChases	
	☑ No			
	☐ Yes			
32	LC Sustam Inc		Last 4 digits of account number 7 8 4 3	s 563.00
	I.C. System Inc. Nonpriority Creditor's Name		alaland	
	P.O Box 64378		When was the debt incurred? DF/12/12018	H 2243
	Number Street		As of the date you file, the claim is: Check all that apply.	
	St. Paul MN	55164	- (
	City State	ZIP Code	Contingent	84
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed	
	☑ Debtor 1 only		a Disputed	2
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify (red) + car & purchases	
	☑ No		Other. Specify CTOWN CON B TO CONTROLS	15.
	Yes			
33				s 78.00
	Infinity General Ins. CO.		Last 4 digits of account number 6 0 6	4
	Nonpriority Creditor's Name		When was the debt incurred 2 08/16/2018	
	P.O Box 55126		When was the debt incurred?	
	Number Street	00005	As of the date you file, the claim is: Check all that apply.	
	Boston MA City State	02205 ZIP Code	Contingent	
	City	Zir code	☐ Unliquidated	
504	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only			
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	$oxed{\Box}$ Check if this claim is for a community debt	3/11	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		other Specify Vnsettled balance	
	☑ No			
	☐ Yes			

	Doris Doris	.U / 4 / - IVI I
Debtor 1	Doris	L.

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	er listing any entries on this page, number	them beginning	g with 4.4, followed by 4.5, and so forth.	Total o	claim
64	Innovative Dept. Recovery, Inc. Nonpriority Creditor's Name	3.	Last 4 digits of account number 5 1 6 8	s 37	78.00
	P.O Box 10675		When was the debt incurred? 02/04/2018		
	Number Street Phoenix AZ	85064	As of the date you file, the claim is: Check all that apply.		
	City State		Contingent		
	Who incurred the debt? Check one.		Unliquidated		
	Debtor 1 only		☐ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		Student loans		
	☐ At least one of the debtors and another ☐ Check if this claim is for a community d	leht	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	t	
	1007 1007 1 100 100 100 100 100 100 100		Debts to pension or profit-sharing plans, and other similar debts	- AT	
	Is the claim subject to offset?		Other Specify Credit card yurchase		
	Yes .				
65	J.C. Christensen and Associates,	Inc	Last 4 digits of account number 4 4 1 7	s 58	83.00
	Nonpriority Creditor's Name	irio.	0(13/2018	0.0.11	
	P.O Box 519		When was the debt incurred?		
- 6	Number Street Sauk Rapids MN	V 5637	As of the date you file, the claim is: Check all that apply.		
	Sauk Rapids MN City State		Contingent	24	
			☐ Unliquidated		
	Who incurred the debt? Check one.		☐ Disputed		
	Debtor 1 only		- (1101100000)		
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
- 6	At least one of the debtors and another		Student loans		
		let.	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	ıt	
	☐ Check if this claim is for a community of	lebt	 Debts to pension or profit-sharing plans, and other similar debts 	e.	
	Is the claim subject to offset?		other specify unsettled balance		
	☑ No □ Yes				
66		650	Last 4 digits of account number 5 9 2 3	s_ 12	25.0
	Kaiser Foundation Health Plan, Inc. Nonpriority Creditor's Name	C.	11/2/2014		
	File 50445		When was the debt incurred?		
	Number Street Los Angeles CA	9007	As of the date you file, the claim is: Check all that apply.		
	Los Angeles CA City State		Contingent		
	ASSETTED PROPERTY OF THE PROPE		☐ Unliquidated		
	Who incurred the debt? Check one.		☐ Disputed		
	Debtor 1 only		Time of NONEDICPITY researced delega-		
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another		Student loans		
		laht	Obligations arising out of a separation agreement or divorce the you did not report as priority claims	it.	
	☐ Check if this claim is for a community of	ebt	Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		Other. Specify Medicul experises		
	☑ No □ Yes				

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

Afte	or listing any entries on this page, number	er ther	n beginning with 4.	4, followed by 4.5, and so forth.	Total claim
67	Kaiser Foundation Health Plan, In	nc.	2.	Last 4 digits of account number 5 1 6 8	s_1,962.00
	File 50445			When was the debt incurred? 11/01/2017	
	9	Α	90074	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	te	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another			Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
=i	□ Check if this claim is for a community Is the claim subject to offset? □ No □ Yes	debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical expenses	
88	Kaiser Foundation Health Plan, In	nc.		Last 4 digits of account number 2 2 6 7	s_ 1,572.0
	Nonpriority Creditor's Name File 50445			When was the debt incurred? 03(08/20)8	12
	9	A	90074	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	te	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐	et.
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community	debt	1,	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? No			other specity Medical expenses	
	Yes			Lay a	
9	Kaiser Foundation Health Plan, In	nc.		Last 4 digits of account number 2 2 6 7 When was the debt incurred? 06/27/2018	\$604.0
	File 50445			When was the debt incurred? 06/27/2018	
		A	90074 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
*1	Who incurred the debt? Check one.			Unliquidated Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community	debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No □ Yes		W 172	Other. Specify Medical expenses	

Afte	er listing any entries on this page, number ther	n beginning with	4.4, followed by 4.5, and so forth.	Total claim
70	Kaiser Foundation Health Plan, Inc.	38	Last 4 digits of account number 5 9 2 3	s_ 1,837.00
	Nonpriority Creditor's Name File 50445		When was the debt incurred? 08/15/2018	
	Number Street	20,000,000	As of the date you file, the claim is: Check all that apply.	
	Los Angeles CA	90074		
	City State Who incurred the debt? Check one.	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐	
	Debtor 1 only			
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical expenses	
	☑ No		Collett. Specify 7 10 Steel Cap Orests	
	☐ Yes			
71		8		199501
	Kaiser Foundation Health Plan, Inc.		Last 4 digits of account number 5 9 2 3	\$_1,837.00
	Nonpriority Creditor's Name File 50445		When was the debt incurred? 0910312018	
	Number Street Los Angeles CA	90074	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	☐ Contingent	8
	Who incurred the debt? Check one.		Unliquideted	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical expenses	
	☑ No		Substitute (Superior	
	Yes			
72				s 120.00
	Kaiser Foundation Health Plan, Inc. Nonpriority Creditor's Name		Last 4 digits of account number 2 2 6 7 When was the debt incurred? 05/22/2008	-
	File 50445		When was the debt incurred?	
	Los Angeles CA	90074	As of the date you file, the claim is: Check all that apply.	
	City State	ZIP Code	□ Contingent	
	Who incurred the debt? Check one.		Unliquidated	
			Disputed	
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		Student loans	
	At least one of the debtors and another		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims	
	- Check if this claim is for a community name			

☑ No ☐ Yes

Is the claim subject to offset?

□ Debts to pension or profit-sharing plans, and other similar debts
□ Other. Specify Medical expenses

ь	rt	2	ı,

Your NONPRIORITY Unsecured Claims - Continuation Page

Afte	er listing any entries on this page, num	ber the	m beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
73	Kaiser Permanente Nonpriority Creditor's Name		95	Last 4 digits of account number 2 2 6 7 When was the debt incurred?	s_3,656.00
	File 50445 Number Street			78	
	Los Angeles	CA	90074	As of the date you file, the claim is: Check all that apply.	
	City S Who incurred the debt? Check one.	State	ZIP Code	Contingent Uniliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	☐ At least one of the debtors and another☐ Check if this claim is for a communi	ty debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Is the claim subject to offset?			□ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Medical expenses	
	☑ No □ Yes			- Oston Option, y	
74	Lakeside Community Healthcar	e		Last 4 digits of account number 0 6 5 2	s252.00
	Nonpriority Creditor's Name P.O Box 748072	٠.		When was the debt incurred? 02/07/2018	-12
	Number Street Los Angeles	CA	90074	As of the date you file, the claim is: Check all that apply.	
		State	ZIP Code	Contingent	8
	Who incurred the debt? Check one.			Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a communi	ty debt		you did not report as priority claims	
	Is the claim subject to offset?			□ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Meditual expenses	
	No □ Yes				
75	V 1			Last 4 digits of account number 5 2 7 0	s_2,946.00
	Loan me, Inc. Nonpriority Creditor's Name			When was the debt incurred? 02/13/2018	-10
	1900 S State College Blvd. Suit	e 300		When was the debt incurred? U711312018	
	Particular Application of the Control of the Contro	CA	92806	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
*	Who incurred the debt? Check one.			Unliquidated	
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt			Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			d Other Specify Personal note	
	☑ No □ Yes			W.	

Debtor 1	Case 1:19- Doris First Name	bk-10747-MT	Doc 1 Filed 03/2 Main Document	29/19 Page	Entered 03/29/19 18:48:59 49°0f 66 ^{ber (PRODUIT)}	Desc	
Part 2	Your NONE	PRIORITY Unsecu	red Claims — Continuation	n Page			

Afte	er listing any entries on this page, number them beg	inning with 4	4, followed by 4.5, and so forth.	Total claim
76	Los Angeles Department of Water & Power	r .	Last 4 digits of account number 3 3 2 3	s_ 1,409.00
	p.o. Box 51111		When was the debt incurred? 011712018	
	Los Analles (14 9005)	10.0	As of the date you file, the claim is: Check all that apply.	
	City J State ZIP	Code	☐ Contingent☐ Unliquidated	
	Who incurred the debt? Check one.		☐ Disputed	
	Debtor 1 only		Time of NONDRIODITY incoming district	
	Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another		Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No ☐ Yes	88 	Other Specify Vtillty bill	
7	Marlind Finance, Inc. Nonpriority Creditor's Name		Last 4 digits of account number 2 4 6 0 When was the debt incurred? 08 [16 [2018]	s_5,500.00
	P.O Box 33785		When was the debt incurred? 08 116 12018	1 2
	Number Street Granada Hills CA 9	1394	As of the date you file, the claim is: Check all that apply.	
	ACTUAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERT	Code	☐ Contingent	3
	Who incurred the debt? Check one.	. 7	☐ Unliquidated	
	Debtor 1 only		☐ Disputed	
	Debtor 2 only	25	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? ☑ No □ Yes		other. Specify Credit card purchases	
8			1 4 8 3	s_ 9,260.6
	Marlind Finance, Inc. Nonpriority Creditor's Name		When was the debt incurred? 0710212018	157
	P.O Box 33785 Number Street			
	43 THE TOTAL CONTROL OF THE TO	1394	As of the date you file, the claim is: Check all that apply.	
	City State ZIP	Code	☐ Contingent	
•	Who incurred the debt? Check one.		Unliquidated Disputed	
	Debtor 1 only		- Capated	
	Debtor 2 only		Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only		☐ Student loans	
	At least one of the debtors and another		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset? No Pes		other. Specify Credit Lard purchases	

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	r listing any entries on this page, n	umber the	m beginning with	n 4.4, followed by 4.5, and so forth.	Tot	al claim
79	Masseys Nonpriority Creditor's Name		::-	Last 4 digits of account number 0 5 6 6	s	563.00
	P.O Box 2822	2		When was the debt incurred? 06/21/2018		
	Number Street Monroe City	WI State	53566 ZIP Code	As of the date you file, the claim is: Check all that apply. — Contingent		
	Who incurred the debt? Check one.	540	211 0002	Unliquidated Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another			☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commuls the claim subject to offset? ✓ No ☐ Yes	inity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Missellaneous yorchases		
80	Merrick Bank			Last 4 digits of account number	\$	442.00
	P.O Box 171379			When was the debt incurred? <u>05/20/2</u> 018		-
	Number Street Salt Lake	Utah	84117	As of the date you file, the claim is: Check all that apply.		
	Who incurred the debt? Check one. Debtor 1 only	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐		
	Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another			Type of NONPRIORITY unsecured claim: Student loans		
	☐ Check if this claim is for a commu			Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? ☑ No ☐ Yes			other. Specify <u>least</u> and purchases		
81	Merrick Bank, Corp.			Last 4 digits of account number 6 6 1 0	s_1	,208.00
	Nonpriority Creditor's Name			When was the debt incurred? 07/02/2018		
	Sal-1 Street UHQ	n 84	117	As of the date you file, the claim is: Check all that apply.		
•	City Who incurred the debt? Check one.	State	ZIP ¹ Code	☐ Contingent☐ Unliquidated☐ Disputed☐		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another	G IB		☐ Student loans		
	☐ Check if this claim is for a commu			Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			other specify credit card purchases		

Your NONPRIORITY Unsecured Claims - Continuation Page

1	r listing any entries on this page, number	or enom	boginning man			otal clai	
	Midland Credit Management, Inc.		ie	Last 4 digits of account number 6 1 2 7			
	2365 Northside Dr. Suite 300			When was the debt incurred? <u>071112018</u>			
		Α	92108	As of the date you file, the claim is: Check all that apply.			
	City State	te	ZIP Code	☐ Contingent			
	Who incurred the debt? Check one.			☐ Unliquidated			
	Debtor 1 only			☐ Disputed ·			
	Debtor 2 only			Type of NONPRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only			☐ Student loans			
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that			
	lacksquare Check if this claim is for a community	debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			
0.00	Is the claim subject to offset?			1 Other Specify Credit card Purchases			
ĺ	☑ No			Y			
	☐ Yes						
	Midland Credit Management			Last 4 digits of account number 2 1 2 1	s_	696	
	Nonpriority Creditor's Name			When was the debt incurred? 08 10312028			
	2365 Northside Dr. Suite 300			when was the debt incurred?		100	
	Number Street San Diego Co	Δ	92108	As of the date you file, the claim is: Check all that apply.			
	City Stat		ZIP Code	☐ Contingent	34		
	Who to see also delegated as			☐ Unliquidated			
	Who incurred the debt? Check one. Debtor 1 only			☐ Disputed			
	Debtor 2 only			Type of NONPRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only			☐ Student loans			
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that			
	☐ Check if this claim is for a community	debt		you did not report as priority claims			
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit card prochases			
	☑ No			other. Specify Creat 1 Cur C 1711 Created 5			
	☐ Yes						
				Last 4 digits of account number 2 1 2 1	\$_	558	
	Midland Credit Management, Inc. Nonpriority Creditor's Name			01/22/2018			
	8875 Aero Dr. Suite 200			When was the debt incurred?			
	Number Street		00100	As of the date you file, the claim is: Check all that apply.			
	San Diego Ca		92123 ZIP Code	Contingent			
		500		Unliquidated			
	Who incurred the debt? Check one.			☐ Disputed			
	Debtor 1 only			AND THE PROPERTY OF THE PARTY O			
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:			
	At least one of the debtors and another			☐ Student loans			
		4.1.		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
	☐ Check if this claim is for a community	debt		Debts to pension or profit-sharing plans, and other similar debts			
	Is the claim subject to offset?			Other Specify (red) + card purchases			
	No No						

Part 2:

Case 1:19-bk-10747-MT

Doc 1 Affiled 03/29/19 Entered 03/29/19 18:48:59 Desc. Main Document Page 52 of 66 Debtor 1 Your NONPRIORITY Unsecured Claims — Continuation Page Part 2: After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 378.00 Last 4 digits of account number 85 Midwest Recovery Systems When was the debt incurred? Nonpriority Creditor's Name 2747 W. Clay St. Suite 4 As of the date you file, the claim is: Check all that apply. Street MO 63301 St. Charles Contingent State Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ☐ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt other Specify Credit card purchases Is the claim subject to offset? M No ☐ Yes 378.00 Last 4 digits of account number 9 8 1 0 86 Midwest Recovery Systems Nonpriority Creditor's Nam When was the debt incurred? 2747 W. Clay St. Suite A As of the date you file, the claim is: Check all that apply. 63301 MO St. Charles Contingent State Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Check if this claim is for a community debt purchases Other. Specify Lrecht Is the claim subject to offset? M No ☐ Yes s 3,551.00 Last 4 digits of account number 2 2 4 8 87 Midwest Recovery Systems When was the debt incurred? Nonpriority Creditor's Name 2747 W. Clay St. Suite A As of the date you file, the claim is: Check all that apply. 63301 MO St. Charles Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only ☐ Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that At least one of the debtors and another

you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts other specify Credit card purchases

M No ☐ Yes

Check if this claim is for a community debt

Is the claim subject to offset?

	Case 1:19-	bk-10747-MT	Doc 1 Filed 03/2	9/19	Entered 03/29/19 18:4 53° of 66 ^{ber (Tanown)}
Debtor 1	Doris	L.	Main Doenment	Page	C 2Case Richber (if known)
	First Name	Middle Name	Last Midiff Document	i agc	33 01 00

8	National Credit Adjusters Nonpriority Creditor's Name		<u>8:</u>	When was the debt incurred?	\$_2,964.00
	P.O Box 3023			When was the debt incurred?	
	Number Street Hutchinson KS	3	67504	As of the date you file, the claim is: Check all that apply.	
	City State Who incurred the debt? Check one.		ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community of is the claim subject to offset? ☑ No	debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit card pyrchases	
1	☐ Yes				
9	National Credit Adjusters Nonpriority Creditor's Name			Last 4 digits of account number 0 3 9 5 When was the debt incurred? 05/28/2018	\$_2,070.00
	P.O Box 3023 Number Street			When was the debt incurred? 0511811010	112
	Hutchinson KS	3	67504	As of the date you file, the claim is: Check all that apply.	
	City State Who incurred the debt? Check one.		ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
12	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community of its the claim subject to offset? ☐ No	debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify <u>Credit aura purchases</u>	
. 1	☐ Yes				0.004.00
0	National Credit Adjusters Nonpriority Creditor's Name			When was the debt incurred? 0.993	\$_2,964.00
	P.O Box 3023 Number Street		1 10	When was the debt incurred?	
	Hutchinson KS	3	67504	As of the date you file, the claim is: Check all that apply.	
•	City State Who incurred the debt? Check one.		ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed☐	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans	
	☐ Check if this claim is for a community of	debt		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset?	Jeor		Debts to pension or profit-sharing plans, and other similar debts Other. Specify West card pyrchases	

	Case 1:19-	bk-10747-	MΤ	Doc 1 Filed 03/2	9/19	Entered 03/29/19 18:48:59	Desc
Debtor 1	First Name	Middle Name	L.	Main Document	Page	Entered 03/29/19 18:48:59 54°0f 66 ^{ber (Arrown)}	

listing any entries on this	page, number ther	n beginning with	4.4, followed by 4.5, and so forth.	Total claim
National Recovery Age	ncy	2.	Last 4 digits of account number V 3 2 3	s 1,409.0
P.O Box 67015			When was the debt incurred? 04/27/2018	
lumber Street Harrisburg	PA	17106	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent	
Who incurred the debt? Chec	rae.		Unliquidated	
	k one.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			<u> </u>	
At least one of the debtors an	d another		☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that	
7 055 18 18 15 - 15 15 15 15 15 15			you did not report as priority claims	
Check if this claim is for a			Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset	?		other. Specify (red) + card purchases	
MÍ No □ Yes			8 36 8	
Nissan Motor Acceptar	oo Cornoration		Last 4 digits of account number 0 0 0 1	s 24,782.0
Ionpriority Creditor's Name	ice corporation		When was the debt incurred? 03/08/2018	
5425 Van Nuys Blvd			When was the debt incurred? 0310712018	- 2
lumber Street	CA	91401	As of the date you file, the claim is: Check all that apply.	
Van Nuys	State	ZIP Code	☐ Contingent	24
and a			Unliquidated	
Who incurred the debt? Chec	k one.		☐ Disputed	
Debtor 1 only			A. 50	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors an	d another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims	
s the claim subject to offset	Section and the section of the		Debts to pension or profit-sharing plans, and other similar debts Other. Specify AFTEX YEVOSSESSION (08-	-c
No			Other Specify Atter YEVOSSESSION (081	3
⊇ Yes				
			Last 4 digits of account number 7 2 6 2	s_ 265.0
Payday Advance, LLC Ionpriority Creditor's Name			nil nu land	
12650 Sherman Way #	14		When was the debt incurred? 06/04/2018	
North Hollywood	CA	91605	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent	
			☐ Unliquidated	
Who incurred the debt? Chec	k one.		☐ Disputed	
Debtor 1 only			732 7574540000 88331 08333	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	4 4440		☐ Student loans	
At least one of the debtors an	d another		Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt			you did not report as priority claims	
s the claim subject to offset	?		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify PERSONAL LOAN	
Ø No			Guier, Specify Control (DVC)	
Yes				

(Case 1:19-k	ok-10747-N	/IT Doc 1	. Filed 03	/29/19	Entered 03/29/19 18:48:59	Desc
Debtor 1	Doris		L. Main	DAGHIMENT	Page	55°0 66 66 (FAROUR)	
	First Name	Middle Name	Last Name	Doddinone	i age	00 01 00	

0	r listing any entries on this page, no	umber the	om beginning with 4.	4, followed by 4.5, and so forth.	Tot	al claim
	Payday Advance, LLC Nonpriority Creditor's Name		At	Last 4 digits of account number 7 2 6 2 When was the debt incurred? 0710912028	\$	265.00
	12650 Sherman Way #14	ģ.		When was the debt incurred?		
	Number Street North Hollywood	CA	91605	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.			Unliquidated Disputed		
	Debtor 1 only					
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	☐ Debtor 1 and Debtor 2 only			☐ Student loans		
	At least one of the debtors and another	r		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a commu	unity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
Ì	is the claim subject to offset?			other. Specify Personal Loan		
1	☑ No □ Yes					
		Also VI	•	Last 4 digits of account number 3 4 7 5		740.0
	Premiere Credit of North Ame Nonpriority Creditor's Name	erica, LL	C	10/01/2019	Ψ	7 10.0
	P.O Box 19309			When was the debt incurred?		1,22
	Number Street Indianapolis	IN	46219	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent	89	
				☐ Unliquidated		
	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only			T (NONDRIGHT)		
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			Student loans		
				 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	☐ Check if this claim is for a commu	unity debt		Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			other Specify Credit card purchases		
	₩ No			A Marian		
	Yes					
	Progressive Leasing			Last 4 digits of account number 6 9 1 9	\$	383.0
	Nonpriority Creditor's Name			When was the debt incurred? 08/16/2018		
	256 Data Dr. Number Street					
	Draper	UT	84020	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.			Unliquidated		
				☐ Disputed		
	Debtor 1 only Debtor 2 only			Type of NONDRIORITY unaccured claims		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another	r		Student loans Obligations ordains out of a separation agreement or dispress that		
	☐ Check if this claim is for a commu			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	and a contract of the contract of a contract of the contract o			Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Other. Specify Unsettled balance		
	☑ No □ Yes		- 57			

	Case 1:19-bk-10/4/-N	γI
Debtor 1	DOIIS	-

Your NONPRIORITY Unsecured Claims - Continuation Page

Aft	er listing any entries on this page, number th	em beginning with 4.4	4, followed by 4.5, and so forth.	То	tal claim
97	Description I position		Last 4 digits of account number 4 6 3 5		460.00
	Progressive Leasing Nonpriority Creditor's Name	93	Last 4 digits of account fidiliber	\$	460.00
	256 Data Dr.		When was the debt incurred? 12 106 12017		
	Number Street Draper UT	84020	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	Contingent		
	Who incurred the debt? Check one.		☐ Unliquidated ☐ Disputed		
	Debtor 1 only .		- Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		☐ Student loans		
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	☐ Check if this claim is for a community deb	t	Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		a Other Specify Unsettled balance		
-	☑ No ☐ Yes				
98			7		
	Providence Health & Services		Last 4 digits of account number 1 7 9 7	\$	120.00
	Nonpriority Creditor's Name		When was the debt incurred? 07/09/2018		
14	P.O Box 3268 Number Street		Then was the dest modified.		-
	Portland OR	97208	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	Contingent	84	
	Who incurred the debt? Check one.		Unliquidated		
	사람이 가지 않는데 얼마를 내려고 하면 보고 된 게 되어 가게 되었다.		☐ Disputed		
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		The state of the s		
	At least one of the debtors and another		Student loans		
			 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	☐ Check if this claim is for a community deb	t	Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		other. Specify Medical expenses		
	₩ No				
20	Yes			56	120.00
9	Providence Health & Services		Last 4 digits of account number 1 6 8 2	\$	120.00
	Nonpriority Creditor's Name P.O Box 3268		When was the debt incurred? 01/27/2018		
	Number Street	07209	As of the date you file, the claim is: Check all that apply.		
	Portland OR City State	97208 ZIP Code	Continuent		
	State State	Lir Çüde	☐ Contingent☐ Unliquidated		
(\$7)	Who incurred the debt? Check one.		Disputed		
	Debtor 1 only				
	☐ Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		☐ Student loans		
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community deb	t	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?		other Specify Medical expenses		
	☑ No				
	Yes				

Part 2: Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	or listing any entries on this page, numb	er ther	n beginning with	4.4, followed by 4.5, and so forth.	То	tal claim
100	Providence Health & Services Nonpriority Creditor's Name P.O Box 3268		B.*	Last 4 digits of account number 6 5 2 9 When was the debt incurred? 01/20/208	\$	120.00
	Number Street	AAAAX	97208 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? No Yes			Other. Specify Medical expenses		
101	Providence Health & Services Nonpriority Creditor's Name P.O Box 3268			Last 4 digits of account number 8 4 0 5 When was the debt incurred? 0410512018	\$	120.00
	Number Street Portland City Sta Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community is the claim subject to offset? No Yes		97208 ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical expenses		
102	Providence Saint Joseph Medica Nonpriority Creditor's Name P.O Box 30027 Number Street Los Angeles City Sta Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community Is the claim subject to offset?	CA site	90030 ZIP Code	Last 4 digits of account number 6 8 1 2 When was the debt incurred?	\$	120.00

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

Afte	r listing any entries on this page, number	them beginning with 4.	4, followed by 4.5, and so forth.	То	tal claim
103	Providence Saint Joseph Medical C	Center ·	Last 4 digits of account number 1 6 8 2 When was the debt incurred? 03/10/2008	\$	120.00
	P.O Box 30027 Number Street	000000000000000000000000000000000000000	As of the date was file the states to Chest all that each		
	Los Angeles CA	90030	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	☐ Contingent☐ Unliquidated		
	Who incurred the debt? Check one.		Disputed		
	Debtor 1 only				
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another		Student loans		
		DAN	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
	☐ Check if this claim is for a community de	bt	 Debts to pension or profit-sharing plans, and other similar debts 		
	Is the claim subject to offset?		other Specify Medical expenses		
	☑ No ☐ Yes		1,0 %		
104	Providence Saint Joseph Medical C	enter	Last 4 digits of account number 3 3 4 5	s	120.00
	Nonpriority Creditor's Name	onto	py/17/2018		
	P.O Box 30027		When was the debt incurred?		54
	Number Street Los Angeles CA	90030	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	☐ Contingent	8	
			☐ Unliquidated		
	Who incurred the debt? Check one.		☐ Disputed		
	Debtor 1 only Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		Student loans		
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community de	bt	you did not report as priority claims		
	Is the claim subject to offset?		Debts to pension or profit-sharing plans, and other similar debts Other, Specify Medical EAPENSES		
	☑ No		W Other, Specify 7 100 100 1 Cycly 070 50.5		
	Yes				
105				\$	120.00
	Providence Saint Joseph Medical C Nonpriority Creditor's Name	enter	Last 4 digits of account number 9 0 8 3		
	P.O Box 30027		When was the debt incurred? <u>04/10/2</u> 018		
	Number Street Los Angeles CA	90030	As of the date you file, the claim is: Check all that apply.		
	City State	ZIP Code	☐ Contingent		
9 . 74	Who increased the debto observe		☐ Unliquidated		
	Who incurred the debt? Check one. Debtor 1 only		☐ Disputed		
	Debtor 2 only		Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only		☐ Student loans		
	At least one of the debtors and another		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community de	bt	you did not report as priority claims		
	Is the claim subject to offset?	737	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical expenses		
	M No		Sulet. Specify 1. (DOTON) VA VIII		
	Yes				

D	-	•	2:	

Your NONPRIORITY Unsecured Claims - Continuation Page

			.4, followed by 4.5, and so forth.	10000	tal claim
Providence Saint Joseph Medi	cal Cer	nter ·	Last 4 digits of account number 9 0 9 1	\$	120.00
P.O Box 30027			When was the debt incurred?		
	CA	90030	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	☐ Contingent ☐ Unliquidated		
Who incurred the debt? Check one.		-	☐ Disputed		
Debtor 2 only		•	Type of NONPRIORITY unsecured claim;		
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another		1.67	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a commun	nity debt				
s the claim subject to offset?			Other. Specify Medical expenses		
MZINO DiYes					
T-25.7% 15			(42)		
Providence Saint Joseph Medi	cal Cer	nter	Last 4 digits of account number 2 8 8 3	\$	120.00
Nonpriority Creditor's Name P.O Box 30027		500	When was the debt incurred? 12/06/2017		- 2
The state of the s	CA	00020	As of the date you file, the claim is: Check all that apply.		
ity Allgeles	State	ZIP Code	☐ Contingent	8	
After increased the debt2 Charles			Unliquidated		
			Disputed		
			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only					
At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for a commun	ity debt				
s the claim subject to offset?			Other Specify Medical PORDENSES		
No No					
- 103					120.00
	cal Cer	nter	Last 4 digits of account number 1 3 1 4	3	
P.O Box 30027			When was the debt incurred?		
Los Angeles	CA	90030	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code			
Who incurred the debt? Check one.					
Debtor 1 only					
Debtor 2 only			Type of NONPRIORITY unsecured claim:		
보면 하면 다니? 이용 생각하실 하면 하나가 되었다면 하게 하다는 때문에 모르는 모든 모든다.			☐ Student loans		
Check if this claim is for a community	ity debt		Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset?			1 Other Specify Medical expenses		
		- 57			
	Interpretation of the debt? Check one. P.O. Box 30027 Itember Street Los Angeles Ity Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communist the claim subject to offset? No Yes Providence Saint Joseph Meditonpriority Creditor's Name P.O. Box 30027 Itember Street Los Angeles Ity Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communist the claim subject to offset? No Yes Providence Saint Joseph Meditonpriority Creditor's Name P.O. Box 30027 Itember Street Los Angeles Ity Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 30027 Itember Street Los Angeles Ity Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a communication of the debtors and another Check if this claim is for a communication of the debtors and another Check if this claim is for a communication of the debtors and another Check if this claim is for a communication of the debtors and another Check if this claim is for a communication of the debtors and another	Interpretation of Name P.O. Box 30027 Jumber Street Los Angeles CA Thy State Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt of the claim subject to offset? No Yes Providence Saint Joseph Medical Certon for Street Los Angeles CA The Street Los Angeles CA The Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt of the claim subject to offset? No The Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt of the claim subject to offset? No The Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt of the claim subject to offset? No	P.O Box 30027 Jumber Street Los Angeles CA 90030 State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Steet claim subject to offset? No Yes Providence Saint Joseph Medical Center Josephority Creditor's Name P.O Box 30027 Jumber Street Los Angeles CA 90030 Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Steet claim subject to offset? No Yes Providence Saint Joseph Medical Center Check if this claim is for a community debt Steet claim subject to offset? No Yes Providence Saint Joseph Medical Center Compriority Creditor's Name P.O Box 30027 Jumber Street Los Angeles CA 90030 No Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Steet claim subject to offset?	When was the debt incurred? When was the debt incurred? When was the debt incurred? When was the debt of account number 2 8 8 3. When was the debt incurred? When was the debt of account number 2 8 8 3. When was the debt of account number 2 8 8 3. When was the debt of account number 3 1 4. When was the debt incurred? When was	When was the debt incurred? Contingent Contingent

Par	t 2: Your NONPRIORITY U	nsecured C	laims — Continu	uation Page	2000	U.S.
Afte	r listing any entries on this page	e, number the	m beginning with	n 4.4, followed by 4.5, and so forth.	То	tal claim
109	Providence Saint Joseph Nonpriority Creditor's Name	Medical Cer	iter ·	Last 4 digits of account number 8 3 8 9 When was the debt incurred? 05 27 2008	\$	120.00
	P.O Box 30027			When was the debt incurred?		
	Number Street		00000	As of the date you file, the claim is: Check all that apply.		
	Los Angeles City Who incurred the debt? Check one	State	90030 ZIP Code	Contingent Unliquidated Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and and Check if this claim is for a constant list he claim subject to offset?			□ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify □ Other PRES		
	. Mo □ Yes					
110	Providence Saint Joseph M	Medical Cer	nter	Last 4 digits of account number 3 0 3 3	\$	120.00
	Nonpriority Creditor's Name P.O Box 30027			When was the debt incurred? 03/23/2018		
	Number Street Los Angeles	CA	90030	As of the date you file, the claim is: Check all that apply.		
	Only Who incurred the debt? Check one	State	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed	24	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and and	other		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a condist the claim subject to offset? ☑ No ☐ Yes	nmunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical expenses		
	- 103					
nl	Providence Saint Joseph Nonpriority Creditor's Name	Medical Cer	iter	Last 4 digits of account number 0 3 6 0 When was the debt incurred? 07/11/2018	\$	120.00
	P.O Box 30027			When was the debt incurred?		
	Number Street Los Angeles City	CA State	90030 ZIP Code	As of the date you file, the claim is: Check all that apply. — Contingent		
•	Who incurred the debt? Check one	L		☐ Unliquidated ☐ Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and and	other		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a community debt			you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset? No Yes			Other. Specify Medical expenses		

Afte	er listing any entries on this pa	age, number th	em beginning wit	h 4.4, followed by 4.5, and so forth.	Total claim
112					
110	Providence Saint Joseph	h Medical Ce	nter	Last 4 digits of account number 5 8 6 7	s 120.00
	Nonpriority Creditor's Name			n7/12/2018	\$ 120.00
	P.O Box 30027	(2)		When was the debt incurred?	
	Number Street Los Angeles	CA	90030	As of the date you file, the claim is: Check all that apply.	
	City	State	ZIP Code	Contingent	
				Unliquidated	
	Who incurred the debt? Check	one.		☐ Disputed	
	Debtor 1 only				
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and	another		Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a	community debt		you did not report as priority claims	
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts	
-1	∑ No			other Specify Medical expenses	
	☐ Yes				
	2002/17/200				
113					
11/	Providence Saint Joseph	Medical Cer	nter	Last 4 digits of account number 3 3 4 5	s 120.00
	Nonpriority Creditor's Name	i wedicai cei	itei	40/07/20	\$
	P.O Box 30027			When was the debt incurred? 0212+12018	52
	Number Street				
	Los Angeles	CA	90030	As of the date you file, the claim is Check all that apply.	
	City	State	ZIP Code	□ Contingent	3.5
	Who incurred the debt? Check of	200		☐ Unliquidated	
	Debtor 1 only	Julia.		☐ Disputed	
	Debtor 2 only			The second second second	
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
14	At least one of the debtors and a	another		Student loans	
	시 등에 하면 하면 하면 가장 보고 있다. 보고 있는 사람들은 사람들이 되었다. - 19 12년 -	655923		 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Check if this claim is for a c	ommunity debt		Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other Specify Medical expenses	
	₩ No				
	☐ Yes				
1114					
114	Dushman Carde Card			Last 4 digits of account number 9 0 3 7	\$_1,040.00
	Rushmore Service Cente Nonpriority Creditor's Name	er	- S	Last 4 digits of account number 5 0 5 7	
	P.O Box 5507			When was the debt incurred? 03/01/2018	
	Number Street				
	Sioux Falls	SD		 As of the date you file, the claim is: Check all that apply. 	
	City	State	ZIP Code	☐ Contingent	
***	Who incurred the debt? Check o	5 11		☐ Unliquidated	
		ne.		☐ Disputed	
	Debtor 1 only				
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and a	inother		Student loans	
				Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a co	ommunity debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?			Other Specific MIS/All company plans, and other similar debts	3

☑ No ☐ Yes

Your NONPRIORITY Unsecured Claims — Continuation Page

Afte	or listing any entries on this page, number them beginning with	h 4.4, followed by 4.5, and so forth.	Total claim
15	Cubanihar	Last 4 digits of account number 1137	s 900.0
	Subscriber Nonpriority Creditor's Name V.O. VONX 3136	When was the debt incurred? 05/30/2018	\$900.00
	Number Street IA 51593 .	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only	a disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	other specify Magazine Subscription	
	. ☑ №		
	☐ Yes		
_			
16	TBOM Total Card	Last 4 digits of account number 6 4 7 0	s_ 936.00
٠,	P.O. BOX 85710	When was the debt incurred? 04/02/2018	54
	Number Street STON FALLS SD 57118	As of the date you file, the claim is: Check all that apply.	
	CITY State ZIP Code	Contingent	32
	Side El Code	Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	그래 하다 가게 되었다는데 가게 하는데	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	Other Specify Credit card purchases	
	☑ No □ Yes	9	
_			
7	T F BUYONED ODD	Last 4 digits of account number 2 9 4 0	\$438.0
	Terrace Emergency PHYS MED GRP. Nonpriority Creditor's Name		
	P.O Box 219 Number Street	When was the debt incurred? 0110112018	
	San Dimas CA 91773	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	□ Contingent	
*		☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only		
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Student loans	
	See a service of the second se	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	✓ Other. Specify Medical excenses	
	☑ No	- Sun Spanis Processes	
	□ Yes		

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First Name Madde Name Last Main Document Page 63 of 66 of (f Annual)

T	age, number the	in beginning with	4.4, followed by 4.5, and so forth.	Total claim
The CBE Group, Inc.		. 24.	Last 4 digits of account number 0 0 5 9	s_3,840.00
Nonpriority Creditor's Name P.O Box 480			When was the debt incurred? 02/07/2018	
Number Street	IA	50704	As of the date you file, the claim is: Check all that apply.	
Waterloo City	State	ZIP Code	☐ Contingent	
			☐ Unliquidated	
Who incurred the debt? Check	cone.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors an	d another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims	
Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts Other. Specify (18.3) + (ard vrchase S	
☑ No			- One open the state of the	
☐ Yes		27		
٩				
The Firm of Meyer Chri	stian & Associ	ates	Last 4 digits of account number 0 0 5	s113.00
Nonpriority Creditor's Name	otian a ricoodi		18/17/2018	
, 15061 Springdale St, S	uite 113		When was the debt incurred? 0811112000	32
Number Street Huntington Beach	CA	92649	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	☐ Contingent	29
			☐ Unliquidated	
Who incurred the debt? Check	k one.		☐ Disputed	
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only				
At least one of the debtors an	d another		Student loans Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a	community debt		you did not report as priority claims	
			Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			other specify Unsettled balance	
☑ No □ Yes				
O .				s 378.00
The Law Office of Danie	el Slane		Last 4 digits of account number L 5 8 3	\$
Nonpriority Creditor's Name	or ordino		W 04/27/2018	
625 S. Anna St.			When was the debt incurred?	
Wichita	KS	67209	As of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code	Contingent	
Who incurred the debt? Checi	k one.		☐ Unliquidated ☐ Disputed	
Debtor 1 only			- Disputed	
Debtor 2 only			Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only			☐ Student loans	
At least one of the debtors an	d another		Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a	community debt		you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?			Other. Specify Vnsettled balance	
☑ No			Acres 997, 25, 25, 270, 5 1	
Yes				

Official Form 106E/F

Afte	or listing any entries on this page, number them beginning	with 4.4, followed by 4.5, and so forth.	Total claim
21	Through the Country Nonpriority Creditor's Name	When was the debt incurred? 06/24/2018	s738.00
	1112 7th Ave	When was the debt incurred? 06/21/2000	
	MGN YOE WE 53566	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
	Debtor 1 only	C Disputed	
	Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	. ☑ No	other specify Miscellaneous y urchases	
	Yes		
22	Through the Country Door	Last 4 digits of account number 2 5 3 0	s708.00
	Nonpriority Creditor's Name	07/21/2018	
	1112 7th Ave.	When was the debt incurred?	
	Number Street Monroe WI 53566	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	□ Contingent	29
	Side El Soci	☐ Unliquidated	
	Who incurred the debt? Check one.	Disputed	
	Debtor 1 only	900	
	☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only	☐ Student loans	
	At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt	you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts Other. Specify MSCLMane DVS Furchase S	
	✓ No	other. Specify PLISCONCINE VOT POTCHUSES	
	Yes Yes		
3	Total Card Inc	Last 4 digits of account number 7 4 5 2	s_ 583.00
	Total Card, Inc. Nonpriority Creditor's Name	-= 10/10016	
	5109 S. Broadband Lane	When was the debt incurred? 05/26/2018	
	Number Street Sioux Falls SD 57108	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	□ Contingent	
0	Who have debated as	☐ Unliquidated	
	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only Debtor 2 only	Type of NONDBIODITY upgested states	
	Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	The state of the s	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?	other specify Credit card purchases	
	☑ No	- 2	
	☐ Yes		

п	•	ъ	**		-
u	ъ	u	w	78	

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4		4, followed by 4.5, and so forth.	Total claim	
124	Total Visa Nonpriority Creditor's Name P.O Box 91510 Number Street Sioux Falls SD City State Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	57109 ZIP Code	Last 4 digits of account number 5 9 8 0 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify (red) + (ar A furchases	\$ 577.00
125	True Accord Nonpriority Creditor's Name 303 2nd St. Suite 750 South Number Street San Francisco CA City State Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	94107 ZIP Code	Last 4 digits of account number 5 3 8 2 When was the debt incurred?	s378.00
•	Nonpriority Creditor's Name Number Street City State Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes	ZIP Code	Last 4 digits of account number	\$

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only, 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

	e e		Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
rom Part 1	6b. Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	 Other. Add all other priority unsecured claims. Write that amount here. 	6d.	+s	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
ótal claims	6f. Student loans	6f.	s	0.00
rom Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	s	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	Other. Add all other nonpriority unsecured claims. Write that amount here. .:	6i.	+ s	133,668.00